## UNICEF REGIONAL OFFICE FOR EUROPE AND CENTRAL ASIA

## **GENDER TOOLKIT**



Integrating Gender in Programming for Every Child in Europe and Central Asia





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# **GENDER TOOLKIT**

## **Integrating Gender in Programming**

**UNICEF Regional Office for Europe and Central Asia** 



## **FOREWORD**

Dear Colleagues,

One of the equity gaps we see in the region is around gender. So, I am very pleased to share with you the ECARO Gender Toolkit to support high quality, responsive and effective programming across the region.

Gender inequality is compounded by multiple forms of discrimination, based on multiple factors, including social exclusion, perceived ability and age. For example, we know that boys and girls drop out of school due to distinct reasons and social expectations, be they to work (boys) or to start families early (girls). Those living in rural areas, or children with disabilities, may have less access to inclusive education, which hinders learning. But we can respond to the drivers and impact of gender considerations on children's rights and their well-being.

The framework of the Regional Flagship Results (Zero Children in Institutional Care, Inclusive Quality Education, Immunization Coverage and Adolescent Participation<sup>1</sup>) allows for an exploration of why gender matters, and how programming with intent can influence outcomes for children. Understanding where discrimination prevails, how systems can be strengthened to support those who care for children, and which deprivations are specific to boys and girls, including adolescents, is critical to developing programmes that ensure no child is left behind, and that both girls and boys have equal opportunities and situation to realize their rights.

This toolkit provides practical guidance to support gender analysis and the integration of gender considerations into UNICEF programming, with intent. Whether at the point of assessment, programme design or evaluation, this toolkit can help answer many of your questions:

- How can we make our analysis sharper in order to uncover gender barriers?
- What can we do to unblock systems bottlenecks and drive gender-responsive and gender transformative programming, at scale and with partnerships that can make a difference?
- What is needed to promote gender inequality as well as women and girls'empowerment?
- How do UNICEF systems support measuring our programming, documenting our results (including across sub-regions and regionally) and enable us to express a compelling storyline?

This toolkit was prepared by UNICEF regional and country-based staff, from across the region, sectors and teams. We hope you will find this resource to be useful as you work to drive change in your programming approaches and encourage you to fully use and implement it to improve the quality of our results for children.

Yours Sincerely,

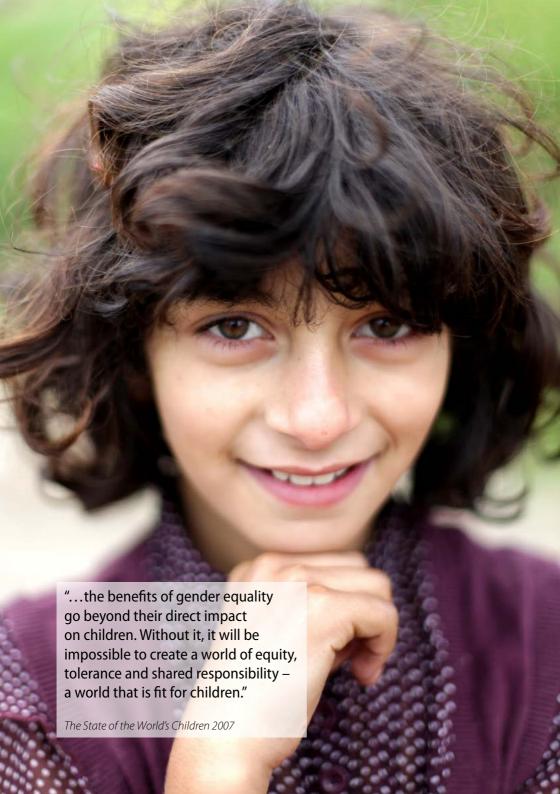
Afshan Khan

Regional Director for Europe and Central Asia Special Coordinator for the Refugee and Migrant Response in Europe

'Learning: particularly, girls and boys who would otherwise have been out of school; and Participation: connected, activated/engaged and empowered.

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## **ACRONYMS**

**CEDAW** Convention on the Elimination of All Forms of Discrimination Against Women

C4D Communication for Development

CO Country Office

**COAR** Country Office Annual Report **CPD** Country Programme Documents CRC Convention on the Rights of the Child

**CSOs** Civil Society Organizations

DHS Demographic and Health Surveys **FCD** Early Childhood Development FGM/C Female Genital Mutilation/Cutting

GAP Gender Action Plan Gender-Based Violence **GBV GEM** Gender Equality Marker

**HIV/AIDS** Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HO Headquarters

**INGOs** International Non-Governmental Organizations

**KAP** Knowledge, Attitudes and Practices

M&E Monitoring and Evaluation

Menstrual Hygiene Management MHM MICS Multiple Indicator Cluster Survey

MODA Multiple Overlapping Deprivation Analysis

Mid Term Review MTR

Non-Governmental Organizations NGOs

**OECD** Organisation for Economic Co-operation and Development

Result Assessment Module RAM

RO Regional Office

**SDGs** Sustainable Development Goals

SitAn Situation Analysis

**SRHR** Sexual and Reproductive Health and Rights

UN United Nations

**UNDAF** United Nations Development Assistance Framework

United Nations Development Programme **UNDP** 

United Nations Children's Fund UNICEF Universal Periodic Review **UPR** WASH Water, Sanitation and Hygiene **WHO** World Health Organization

## INTRODUCTION TO THE TOOLKIT

## Purpose of the toolkit

The concepts, process and benefits of integrating gender equality issues have not always been sufficiently understood and incorporated into UNICEF's programming across Europe and Central Asia. This toolkit is a step towards strengthening the institutional and individual capacity to undertake gender mainstreaming in UNICEF's programmes and to advance policy commitments on gender equality. This toolkit provides practical guidance to assist UNICEF staff to effectively integrate gender into all aspects of their work and all stages of the programme cycle. The empowerment of women and girls is most effective if gender is a primary focus of all interventions – starting with assessment, analysis and design phases and through to implementation, monitoring and evaluation. This toolkit is intended to be adapted to the goals and objectives of interventions in each country context, and used alongside other UNICEF's guidance notes.

## Who is this toolkit for?

This toolkit has been prepared for UNICEF professionals at all levels in the Europe and Central Asia region, working on gender interventions at national and subnational levels including gender focal points and specialists, non-gender specialists, management, sector staff and planning, monitoring and evaluation (PME) teams. It may also be a useful resource for government stakeholders working closely with UNICEF and for implementing partners working towards gender equality.

## Inside the toolkit

The toolkit is composed of three sections. Section 1 takes a broad look at gender integration in programming and UNICEF's approach to gender equality. Section 2 provides practical steps on integration of gender across the UNICEF Country Programme Development (CPD) cycle. Section 3 comprises four modules that offer guidance on gender integration across the UNICEF Europe and Central Asia Regional Flagship Results covering education, immunization, adolescent participation and institutional care. Gender indicators are found in each of these modules. Finally, the Annex includes a glossary of gender-related terms and concepts.



# SECTION 1

**GENDER CONCEPTS AND** UNICEF'S GENDER COMMITMENTS

## I ESSENTIAL GENDER CONCEPTS

Familiarize UNICEF programme officers and practitioners with the specialized vocabularies associated with gender equality and bring conceptual clarity on the themes are essential to the design, implementation and evaluation of UNICEF programmes. Below are some key definitions of gender terms that will be helpful in utilizing this toolkit. More definitions and terms are available in the separate Annex: Glossary of Terms and Concepts.

## **KEY GENDER TERMS**



## **Sex and Gender**

The term "sex" is defined to mean the biological differences between women and men. "Gender" refers to the social relationships between women, men, girls and boys that vary from one society to another and at different points in history.



#### **Gender roles**

Gender roles are learned from the time of birth and are reinforced by parents, teachers, peers and society. These gender roles are based on the way a society is organized and vary by age, class and ethnic group.



#### **Gender norms**

Gender norms are the accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women, men, girls and boys should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.



## **Gender relations**

Gender relations have to do with the ways in which a culture or society defines rights, responsibilities and the identities of women, men, girls and boys in relation to one another. Gender relations refer to the balance of power between women and men or girls and boys.

## **KEY GENDER TERMS**



## **Gender equality**

Gender equality is a transformational development goal. It is understood to mean that women (girls) and men (boys) enjoy the same status on political, social, economic and cultural levels. It exists when women (girls) and men (boys) have equal rights, opportunities and status.



## **Gender equity**

Gender equity is the process of being fair to both women (girls) and men (boys) in distribution of resources and benefits. This involves recognition of inequality and requires measures to work towards equality of women (girls) and men (boys). Gender equity is the process that leads to gender equality.



## **Gender parity**

Gender parity is a numerical concept. Gender parity concerns relative equality in terms of numbers and proportions of women and men, girls and boys. For example, the ratio of girls and boys enrolled in school.



## **Empowerment**

Empowerment is about women, men, girls and boys taking control over their lives: setting their own agendas, developing skills (including life skills), building self-confidence, solving problems and developing self-reliance. The process of empowerment enables women, men, girls and boys to question existing inequalities as well as act for change.



## **Gender analysis**

Gender analysis is an organized approach for considering gender issues through the entire process of programme or organizational development. This requires sex-disaggregated data and ensures that development projects and programmes incorporate roles, needs and participation of women, men, girls and boys.

## **Gender mainstreaming**



Gender mainstreaming is the process of assessing implications for women, men, girls and boys of any planned action including legislation, policies or programmes at all levels. It refers to a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of design and implementation, monitoring and evaluating policies and programmes in all political, economic and societal spheres so that women and girls can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

## **Practical needs**

Practical needs are immediate perceived needs such as water, shelter, clothing, basic health care and food. They are based on women's and girls' existing roles (within the gender division of labour) and do not challenge their subordinate position. These needs arise from and reinforce women's and girls' reproductive and productive roles.



## Strategic needs

Strategic needs are long-term in nature and often related to structural changes in society. These are identified based on an analysis of women's and girls' subordination in society, and when addressed, should lead to the transformation of the gender division of labour and challenge the power relations between women and men, girls and boys.

## II. THE SUSTAINABLE DEVELOPMENT GOALS

## (SDGS) + GENDER

The Sustainable Development Goals (SDGs) seek to change the course of the 21st century, addressing key challenges such as poverty, inequality and violence against women and girls. Women's and girls' empowerment is a pre-condition for this. Therefore, achieving gender equality and women's and girls' empowerment is a stand-alone goal – **Goal 5** – of the SDGs. It is also part of all the other goals, with many targets specifically recognizing women's and girls' equality and empowerment as both the objective and part of the solution.





## SDG 5: Achieve gender equality and empower all women and girls

| dis                                  | d all forms of<br>scrimination against all<br>omen and girls everywhere.  | Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.              | Eliminate all <b>harmful practices</b> , such as child, early and forced marriage and female genital mutilation.  |
|--------------------------------------|---|---|---|
| thr<br>pu<br>and<br>and<br>res<br>ho | cognize and value unpaid re and domestic work rough the provision of ablic services, infrastructure d social protection policies d the promotion of shared aponsibility within the ausehold and the family as tionally appropriate.                     | Ensure women's full and effective participation and equal opportunities for <b>leadership</b> at all levels of <b>decision making</b> in political, economic and public life. | Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. |
| we and oth fin and                   | ndertake reforms to give<br>omen equal rights to<br>onomic resources, as<br>ell as access to ownership<br>d control over land and<br>her forms of property,<br>ancial services, inheritance<br>d natural resources, in<br>cordance with national<br>vs. | Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.   | Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.  |

## III UNICFF'S COMMITMENTS TO GENDER **EQUALITY**

## UNICEF's work and gender

Gender equality programming both targeted gender programmes and mainstreaming gender across programmes – is critical and central to UNICEF's work. It is not possible for UNICEF to realize its mission of advocating for the protection of children's rights, of helping to meet their basic needs and expanding their opportunities to reach their full potential without promoting and attaining gender equality in the programming.

Advancing gender equality and the rights of women and girls is essential to realizing the rights of all children. Children's rights and well-being often depend on women's rights and well-being, and childhood investments in gender equality contribute to lifelong positive outcomes for children and their communities. Thus, UNICFF promotes the equal rights of girls and boys, women and men and supports their full participation in the social, political and economic development of their communities at every turn.

UNICEE is committed to meet the standards of international laws. commitments and donor requirements in gender equality. In integrating gender equality throughout its work, UNICEF's work is grounded in the Universal Declaration of Human Rights, the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CFDAW) and the Convention on the Rights of Persons with Disabilities, and is anchored in the landmark Beijing Declaration and the Beijing Platform for Action. See separate Annex: Glossary of Terms and Concepts, for further details on the above and other International Conventions and Agreements.

UNICEE addresses the human rights principles of equality and non-discrimination: gender-based discrimination is one of the most ubiquitous forms of discrimination that children face. Thus, UNICEF promotes equal outcomes for girls and boys, and its policies, programmes, partnerships and advocacy efforts seek to contribute to poverty reduction and the achievement of the SDGs through result-oriented, effective, innovative and well-coordinated action that achieves the protection. survival and development of girls and boys on an equal basis.

## **UNICEF's global Gender Action Plan**

UNICEF's global Gender Action Plan (GAP) 2018-2021 is UNICEF's road map for supporting the achievement of gender equality goals in conjunction with partners and national stakeholders, as outlined in the 2030 Agenda for Sustainable Development and the SDGs. Building on the preceding GAP 2014-2017, it articulates the organizational emphasis on equity as it relates to gender-based inequalities, especially as the deprivations women and girls face increase multifold when they are also disadvantaged by poverty, ethnic identity, geographic location, disability, and/or fragile and crisis conditions.

The GAP Programmatic Framework elaborates on the 13 gender result areas that are integrated across the five goals of the UNICEF Strategic Plan 2018-2021 (see next page). In the GAP, these 13 results are set along two tracks:

#### 1) Integrated Gender Results (8 results)

- where gender is embedded across UNICEF programming sectors (health, nutrition, education, child protection, water, sanitation and hygiene (WASH), and social policy); and

## 2) Targeted Gender Results (5 results)

- areas that focus on the empowerment and well-being of adolescent girls.

The GAP provides indicators for measuring success and specifies the steps UNICEF undertakes to improve institutional effectiveness in implementing programmatic work on gender equality, through commitment of resources and strengthening of staffing, capacity and systems. Gender equality is integrated in both programmatic results and institutional systems and processes.

UNICEF in Europe and Central Asia is committed to equality for all. The agency promotes and advocates for gender equality within its four key Regional Flagship Result areas:



## **Inclusive Quality Education and Early** Learning



## **Immunization** Coverage



## Adolescent **Participation**



#### Zero Children in Institutional Care

Gender equality efforts in the region are underpinned by the GAP 2018-2021, which is aligned with the Strategic Plan 2018-2021, UNICEF's Policy on Gender Equality and the Empowerment of Girls and Women (2010) and Sustainable Development Goal 5: Achieve gender equality and empower all women and airls.

#### Access to UNICEF's documents

- Gender Action Plan 2014-2017
- Gender Action Plan 2018-2021
- Strategic Plan 2018-2021
- Gender Policy 2010
- · Gender Programmatic Review **Tools 2018**



## **GENDER ACTION PLAN**

promoting gender equality throughout 's **Strategic Plan** (2018-2021) and in support of its contributions to achieving the Sustainable Development Goals.

#### ····· GENDER RESULTS IN PROGRAMMES ·····

Gender equality outcomes across all goals of the Strategic Plan, spanning development and humanitarian contexts

| STRATEGIC<br>PLAN GOALS   | Every child survives and thrives  | Every child<br>learns   | Every child is protected from violence and exploitation                                      | Every child<br>lives in a safe<br>and clean<br>environment  | Every child<br>has an<br>equitable<br>chance in life                     |
|---|---|---|--|---|--|
| Gender<br>equality for girls<br>and boys<br>and<br>in care and<br>support for all<br>children | Gender- equitable health care and nutrition Quality maternal care Gender equality in community health systems | Gender equality in access, retention and learning Gender equality in teaching and education systems | Prevention of<br>and response<br>to<br>gender-based<br>violence<br>against girls<br>and boys | Gender-<br>responsive<br>water and<br>sanitation<br>systems | Non-gender-<br>discriminatory<br>roles,<br>expectations<br>and practices |
| Empowerment<br>and wellbeing for<br>adolescent girls  | Nutrition,<br>pregnancy care,<br>HIV and HPV<br>prevention  | Girls'<br>secondary<br>education and<br>skills  | Gender-based<br>violence in<br>emergencies   | Menstrual<br>health and                                     |  |
|   |   |   | Child marriage and early unions  | hygiene<br>management                                       |  |



#### Five targeted priorities for adolescent girls' empowerment and wellbeing

Tackled together and at scale, innovative programming in the five interlinked priorities for adolescent girls can transform their lives and support them to reach their full potential.

#### ····· MAKING UNICEF A MORE GENDER-RESPONSIVE ORGANIZATION ·····



Using high quality evidence to analyze barriers and bottlenecks to equality and design gender-responsive programmes.



Strategic partnerships for stronger results and greater reach.



Investing resources to achieve results



GenderPro builds capacity of Gender Focal Points, Gender Specialists and Sectoral Specialists.



diversity and gender parity among staff, with more vomen in senior roles.



Accountability through strong leadership, monitoring and oversight.

48 indicators from the Strategic Plan track programme results, 7 indicators track institutional results.

## IV GENDER MAINSTREAMING TOWARDS **GENDER EQUALITY**



Gender mainstreaming is a comprehensive approach that targets sustainable development through and for gender equality. It is a process and a strategy to reach gender equality. It involves the integration of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies and programmes with a view to promoting equality between women and men, girls and boys,

and combating discrimination.

The Fourth International Conference on Women held in Beijing (1995), established gender mainstreaming as an internationally agreed strategy for promoting gender equality, following which the United Nations General Assembly adopted a resolution establishing gender mainstreaming as a United Nations system-wide policy, further defined in 1997 by the United Nations Economic and Social Council (ECOSOC) as:

"Mainstreaming a gender perspective is the **process** of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a **strategy** for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality."

(United Nations Economic and Social Council Resolution 1997/2: Agreed Conclusions, ECOSOC, 1997)



**Gender mainstreaming** is NOT the goal itself, but rather a PROCESS or a STRATEGY for achieving the goal of gender equality.

Mainstreaming gender equality is about more than just understanding different needs of diverse women, men, girls and boys. It is also about understanding the wavs in which the different roles and expectations within a society dictate what it means to be male and female and subsequently, how this shapes context and the situation in which programming is conducted. Gender mainstreaming is about applying knowledge of gender to implement more effective programmes and to take opportunities to promote equality between women and men, girls and boys.

Gender mainstreaming is done at the three levels (1) policy; 2) institution/organization; and 3) programme and project and based on the following principles:

## SEVEN PRINCIPLES OF GENDER MAINSTREAMING









Apply a gender lens to existing structures, processes and culture

Recognize needs and interests of women and men, girls and boys as different and equal Women and men work together to rebalance access and control over resources and power

Political will, support and commitment from the top to lead and authorize process





mainstreaming



Gender adviser/team/focal point to support and promote gender skills and approaches but overall responsibility for gender mainstreaming and implementation lies with all staff



All staff involved in implementation need to be genderaware

## 2. What causes gender inequality?

There is no one cause of gender inequality that can be isolated. Rather, gender inequality works like a spiral whereby inequality in one place gives momentum to inequalities in other areas. It requires a multi-pronged approach to address the issues.



Social institutions such as social norms, values and attitudes about gender roles are deeply rooted and play a key role in perpetuating gender inequalities. In many cases, these values often include the belief that women and girls are inferior or weaker than men and boys, that women are poor decision makers, that men have no role or skills for raising children, that having a son is a better economic and social value than having a girl child. While gender roles and conventions have changed through the years, gender discrimination, gender stereotypes and pervasive gender norms have been perpetuated.

The Organisation for Economic Co-operation and Development's (OECD) Social Institutions and Gender Index (SIGI), launched in 2009, was the first attempt to capture, quantify and measure some of the social institutions that discriminate against women and girls. The SIGI is composed of five sub-indices which each represent a distinct dimension of discrimination against women and girls: 1) Discriminatory family code; 2) Restricted physical integrity; 3) Son bias; 4) Restricted civil liberties; and 5) **Restricted resources and entitlements** as illustrated below.

#### The Composition of the OECD's Social Institutions and Gender Index (SIGI)

| 1.<br>Discriminatory<br>Family Code   | 2. Restricted<br>Physical<br>Integrity   | 3. Son Bias  | 4. Restricted<br>Civil Liberties  | 5. Restricted<br>Resources and<br>Entitlements  |
|---|--|--|---|---|
| <ul> <li>Legal age of<br/>marriage</li> <li>Early<br/>marriage</li> <li>Parental<br/>authority</li> <li>Inheritance</li> </ul>    | <ul> <li>Violence         against         women</li> <li>Female         genital         mutilation</li> <li>Reproductive         autonomy</li> </ul> | <ul><li>Missing women</li><li>Fertility preferences</li></ul>                                      | <ul> <li>Secure access<br/>to land</li> <li>Secure access<br/>to non-land<br/>assets</li> <li>Access to<br/>financial<br/>services</li> </ul> | <ul><li>Access to public space</li><li>Political voice</li></ul>  |
| Social<br>institutions<br>that limit and<br>restrict women's<br>decision-making<br>power and status<br>in household<br>and family | Social<br>institutions that<br>limit and restrict<br>women's and<br>girls' control over<br>their bodies  | Social institutions that foster intra-household bias towards sons and the devaluation of daughters | Social institutions which restrict women's access to, control of, and entitlement over economic and natural resources                         | Social institutions that restrict women's access to, participation and voice in the public and social spheres |

[Source: OECD (2014). Social Institutions and Gender Index: Synthesis Report.]

Gender inequality not only impacts on women's and girls' rights but in turn on the development of girls and boys. An illustration below describes how gender discrimination and gender socialization start at birth, affect the girls' and women's whole life course and are transmitted onto the next generation.

## Discrimination through the life cycle of girls and women











#### Infancy (0-3)

Foeticide, Infanticide, Infant mortality, Discrimination in breastfeeding and health care

## Early Childhood (3-5)

Discriminating gender socialization, Gender norms. Discrimination in food and health care

## School Age (6-10/11)

School dropout, Malnutrition, Anaemia and lodine Deficiency Disorder, Child abuse and Exploitation











#### Adolescence and Youth (15-24)

or lower paid job with risk of sexual abuse at workplace, Lack of voice, agency and facilities

Unpaid care work at home Premature and frequent pregnancy through unsafe delivery which leads to high maternal and infant mortality, anaemia and undernutrition

#### Early Adolescence (10/11-14)

Child marriage, Puberty, Continued malnutrition and anaemia, Risk of violence, HIV/AIDS, Trafficking, Commercial sex work









#### Adult (over 25)

Risks of domestic violence, rape, trafficking, commercial sex work. Abortion, HIV/AIDS, Dowry, Polygamy and divorce

Locked out from decisions regarding household income and other resources making women and girls poor and powerless with few assets

#### **Older Age**

Widowhood, Lack control of family resources, Discrimination from inheritance and property laws, Poor health, Destitution, Begging

## 3. How can gender equality be achieved?

The causes of gender inequality are deep-rooted and complex, and achieving equality between women and men, girls and boys is not a short-term or even medium-term goal. This is a long-term process that should be judged according to the progress it continues to make. Progress requires addressing all the factors that contribute to inequalities in effort to gradually lead to a shift in norms and value as follows.



## Key components to achieve gender equality



Positively rebuilding norms, values and attitudes.



Increasing awareness and education about the costs of gender inequality and the hidden ways that it adversely affects everyone in society.



Reviewing and amending laws and policies to be equitable and inclusive.



Transforming institutions and institutional practices that perpetuate gender-based power structures, discrimination and barriers including everything from hiring practices, educational curricula to decision-making processes at national and community levels.



Breaking down gendered divisions of labour that dictate what is appropriate for women, men, girls and boys to do.

## V FNGAGING MEN AND BOYS TO ACHIEVE **GENDER EQUALITY**

Obviously, gender equality is a women's and girls' issue because it directly affects women and girls, and they most often suffer disproportionately from gender inequality. However, gender equality is not only a women's and girls' issue but also concerns and requires the full engagement of men and boys. If only women or girls are involved in discussing and addressing gender inequality, the solutions will not work. This is both because women and girls represent only a partial perspective of society, and because most often women and girls are not in the decision-making positions necessary to implement the solutions. Women and men, girls and boys have to be equal stakeholders and equally committed to solutions in order for them to be accepted both formally and in practice.

Moreover, while some problems and challenges are more pressing for women and girls than others (e.g., receiving equal pay for equal work or domestic violence), men and boys also face specific problems and challenges that require special attention (e.g., masculinity expectations and norms, socio-emotional needs, substance abuse and disorders, etc.).

Other added values of engaging men and boys in gender-responsive programming include.

## Added value of engaging men and boys



**Promoting human rights** 



**Increasing entry points** 



**Advancing development goals** 



**Equitable partnership** 



**Involving male leaders** 

- 1) Promoting human rights since gender equality is a human right and a condition for the full realization of rights of women, men, girls and boys;
- 2) Increasing entry points for exposing gender-blind policies and practices;
- 3) Advancing development goals such as a reduction in gender-based violence (GBV) and HIV/AIDS and improved health by complementing ongoing work for the advancement of women and girls;
- 4) Enhance equitable partnerships

by changing power dynamics between women (girls) and men (boys) and shared decision making within households which may contribute to social stability and more sustainable livelihoods: and

5) Influence male leaders such as cultural and religious leaders to transform men's and boys' perspectives on gender equality (whether at the community, national or international level).

There are several strategies for working with men and boys on gender equality that have been proven to be effective. These include 1) mobilizing men, boys and communities to campaign for changes in government policy, legal justice systems and corporate practice, armies and other institutions of male power; 2) encouraging men and boys to speak in public debates around gender justice and to serve as role models for men and boys as partners;

3) fostering dialogue and building of alliance with and by men and boys; and 4) building capacity of women and men, girls and boys to bring results on gender equality and human right.

## **Checklist on engagement** of men and boys in gender mainstreaming programming

- · Do programmes empower women and girls while also drawing in men and boys in gender-transformative ways?
- Are men and boys drawn in as leaders and active participants and not dismissed or marginalized as potential opponents to change?
- Do programmes allow men and boys to develop a greater personal stake in gender equality and to see how their lives may change in welcome ways?
- · Do initiatives give opportunities to men and boys to rethink issues related to masculinity?
- · How can behavior change and learning environments for men and boys be created?

## SUMMARY



Gender is a relational term used to describe socially determined differences between women's and men's, girls' and boys' roles, attitudes, behaviour and values as perceived in a given societal context. Sex is a biological difference.

Gender is NOT synonymous with just women and girls and NOT just for action or the benefit of women and girls only.





Women, men, girls and boys all must be involved to advance gender equality and societal transformation.

Not all women and girls are the same as inequalities, needs and barriers differ across caste, ethnicities, age, location, wealth quintile, literacy levels, marital status, special needs (such as disability) and conflict conditions.





Gender mainstreaming is about addressing gender issues across all sections, sectors and levels in any planned action including legislation, policies and programmes.

Gender mainstreaming should consider needs of all women and men, girls and boys equally.





# SECTION 2 PRACTICAL STEPS FOR GENDER **MAINSTREAMING**

## INTRODUCTION

Improving UNICEF's programme strategies and systems to be more gender-responsive is a core objective for achieving results and is necessary for UNICEF to meet its organizational commitments to gender equality. When gender mainstreaming is successfully implemented, women and men, girls and boys benefit equally from development processes. In operational terms, gender mainstreaming allows policymakers and practitioners not only to focus on the outcomes of gender equality but also to identify and address the processes that cause it.

The basis of gender mainstreaming is a **gender analysis**. It is the first and the most critical step: it precedes any gender mainstreaming action and will help determine areas and methods of intervention. Without conducting a gender analysis, it is not possible to be certain that an intervention really can contribute to the promotion of gender equality and socially-just human development. Because there is no set "recipe" for attaining gender equality, it is crucial to have a full understanding of the gender issues in any given situation – and these situations differ. This ensures that policies and programmes are not based on incorrect assumptions and stereotypes but on everyday life situation of women, men, girls and boys.

This section explains what gender analysis is and how to conduct gender analysis in UNICEF's programme cycle. The gender mainstreaming process is divided into six stages: 1) Planning (including assessment and analysis); 2) Programme design; 3) Implementation; 4) Monitoring; 5) Evaluation; and 6) Reporting of the results and lessons learned and each stage is described in this section 2.

## When to use Section 2?

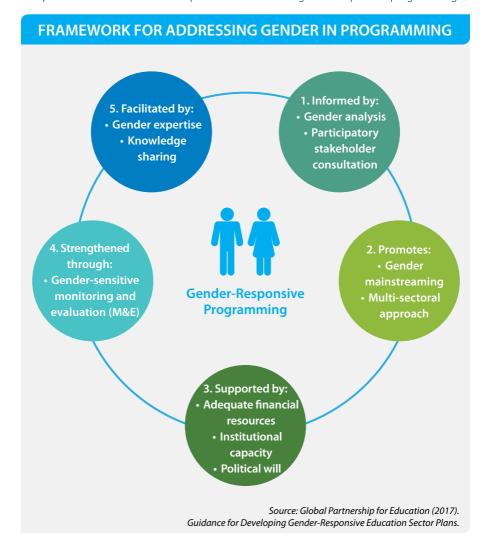
- · When developing a new Country Programme Document (CPD), Annual and Mid-Term Review (MTR) or/and undertaking a Gender Programmatic Review (GPR).
- · At any stage in the country programme cycle.
- For a quick introduction or refresher on what gender mainstreaming and gender

## Who should use Section 2?

- UNICEF staff
- UNICEF partners

## I. FRAMEWORK FOR GENDER MAINSTREAMING **PROGRAMMING**

As mentioned in the Section 1, gender mainstreaming is an essential cornerstone of good development practice and every staff has a role to play in facilitating gender mainstreaming across programmes. The following framework shows key elements that can help ensure policies and programmes to be gender-responsive. The next page explains in details how each component contributes to gender-responsive programming.



## **Gender-responsive** programming<sup>1</sup> is:

## 1. Informed by:

## **Gender analysis**

Gender analysis provides the necessary information base for gender mainstreaming. Gender analysis reveals the qualitative and quantitative differences relating to the way women and men, girls and boys are treated in any context. Gender analysis looks at the different roles and responsibilities of women and men, girls and boys, the resources available to them and their control over these resources

This involves being sensitive to context and knowing about the broader economic and political environment, including laws and policies as they affect women, men, girls and boys (sometimes differently) as well as customary practices and norms in individual countries. It also requires understanding on how gender and social relations differ according to the specific cultural, economic, political and social context of countries (for example, fragile, conflict-affected or middle-income)

In order to effectively serve the gender mainstreaming process, gender analysis should be conducted using participatory methods and obtaining qualitative information as well as quantitative data disaggregated by sex and age, competent analysis of this information from a gender perspective. Analysis from a gender perspective needs to be based on relevant established theories about gender

relations. Formulating good gender questions will point the analysis in the most productive direction. See page 35 of this section for a set of gender analysis questions.

Finally, the analysis should include relevant conclusions about the causes and effects. of any gender disparities it uncovers. Describing the situation is important, but analysing the implications of this description is key to successful gender analysis.

## Participatory stakeholder consultation

Participatory stakeholder consultation is important from a gender perspective. Consulting with a diverse range of stakeholders (such as civil society, relevant ministries and community and religious leaders), as well as the partners who will be in charge of implementing the plan at the local level —and represented by women, men, girls and boys—and hearing their views during programme planning, design, monitoring and evaluation (M&E) will help ensure their different needs and priorities are understood and addressed.

This may at times mean actively promoting and supporting the involvement of women and girls in planning and decision making and ensuring that men and boys support this effort

## 2. Promotes:

## **Gender mainstreaming**

By using two approaches:

- 1. **Gender-targeted actions:** Inclusion of clear, realistic and appropriate strategies, interventions, targets and quotas for women's, men's girls' and boys' participation in different levels of programme outcomes, based on sexand gender-disaggregated analysis and baseline data
- 2. **Gender integration:** Ensuring that gender concerns cross-cut all areas of each sector and are an integral part of the vision and goals, the overall design, financing, implementation arrangements, and monitoring and evaluation (M&E) mechanisms.

## A multi-sectoral approach

Recognizes the broader issues of gender discrimination and social norms, the origins of which often lie outside of the sector in the wider political, economic, social and legal environments. Highlights how each sector can play a role in addressing these disadvantages.

## 3. Supported by:

## Adequate financial resources

Financial resources are essential to systematically integrate gender in the programme. Their successful implementation requires strategic commitment in terms of human and financial resources.

## **Necessary institutional** capacity and political will

Programming to achieve gender equality is most likely to succeed if they are the result of a process led by the government with active participation by all national stakeholders, and if the gender approach and strategy are understood and fully owned by the ministries and departments that will implement the plan. This usually involves assigning responsibility to specific actors and creating and following an implementation timeline. Assessing the capacity of sector stakeholders to analyse, identify and address gender issues during the programme development process and appraisal is recommended, as is building into the budget any resources required for capacity building.

Finally, because planning implementation depends on a wide range of actors at different levels (centralized and decentralized), it is important that capacity at all levels be addressed. To that end, planning the interventions is itself a form of capacity development, making the process of programme preparation as important as the final product.

## 4. Strengthened through:

## **Gender-sensitive monitoring** and evaluation (M&E)

In the monitoring and evaluation (M&E) plan, objectives and indicators should reflect the anticipated changes and benefits for women and men, girls and boys, and regular monitoring assesses whether planned targets and objectives are being met. In order for the M&E to be gender-sensitive, it is crucial that all relevant data be sex- and agedisaggregated with additional relevant gender-sensitive indicators.

## 5. Facilitated by:

## **Gender expertise**

Relevant technical expertise can make it easier for planning teams to implement the preceding gender framework elements in a structured manner. Planners and other stakeholders may decide to seek help from gender experts to promote and facilitate advocacy work on gender equality and assist with integrating gender into the programme. Experts can be selected to provide general guidance on gender integration and gender in a specific sector, as well as input on areas of particular importance in a given country.

## **Knowledge sharing**

Documenting and recording lessons learned and best and innovative practices related to gender mainstreaming enable planners and practitioners to learn from the experiences of others and will help to apply and improve their own work.

[Excerpted from Global Partnership for Education (2017). Guidance for Developing Gender-Responsive Education Sector Plan.1

## II CONDUCTING A GENDER ANALYSIS

**Gender analysis** is the starting point and a core activity for facilitating gender mainstreaming. It can take several steps but basically, a gender analysis refers to the methods (tools) for collecting and processing information about the similarities and differences in the conditions, needs, participation rates, access to resources and development, control of assets, decision-making powers, etc., between women and men, girls and boys in their assigned gender roles. The following section will help to understand what a gender analysis is, when and how to conduct it.

## 1. WHAT is a gender analysis?

Gender analysis is defined in different ways in different contexts. At its most basic level, gender analysis is the collection and analysis of quantitative data (numbers, percentages, proportions, ratios) and qualitative information (preferences, beliefs, attitudes, behaviours, values, scope, etc.) through gender lens.

It is a systematic methodology for examining the differences in roles and norms between women and men, girls and boys; the different levels of power they hold; their differing needs, constraints and opportunities; and the impact of these differences in their lives

A gender analysis is consisted of three basic components:



Gender- and sexdisaggregated data and information (both quantitative and qualitative)

**Analysis** (what does the information mean)

**Gender perspectives** (analyse the differences between women and men, girls and boys)

Remember, "analysis" can occur on many different levels. It can be an analysis that can be done at desk when planning a programme or a project, or it can be an in-depth research and analysis that can be contracted out with partners and communities.

## 2. WHY conduct a gender analysis?

Gender analysis is useful to reveal the nature and extent of gender inequalities and discrimination against women and girls including men and boys. In concrete, gender analysis supports:



To avoid making assumptions about the lives of women and men, girls and boys; instead understanding their different needs, roles, status, access to resources, interests, capacities, power and priorities.

To understand why those differences exist and obtain a thorough understanding of an issue and/or situation, in which all groups within a population are considered.

To understand how the cultural, economic and legal environment places women and girls (or men and boys) at a disadvantage in terms of opportunities throughout their lives, and the linkages between inequalities at different societal levels.

To understand how these differences may prevent women and girls as well as men and boys from participating in or benefiting from programmes/projects.

To recommend specific actions to meet the needs of women, men, girls and boys in an equitable manner including addressing gender discrimination, genderbased violence (GBV) and discriminatory gender norms.



To monitor and evaluate the progress achieved in closing the gaps between women and men, girls and boys in their ability to access and benefit from an intervention as well as reducing gender discrimination.

## 3. WHEN to conduct a gender analysis?



Gender analysis is best applied at the earliest stage of a programme/project or activity to inform and develop the identification, design and planning of the most appropriate intervention.

On the other hand, gender analysis provides information and data on the differential impact of a specific programme or activity on females and males and on gender relations. Thus, gender analysis is also vital throughout the entire development process from initial design of a programme/project to implementation and monitoring and evaluation (M&E).

Overall, a gender analysis can be used when a comprehensive situational analysis needs to be developed or increase understanding of gender issues and challenges in a specific country/context. The **next page** describes how gender analysis looks like in a programme/project/policy cycle.

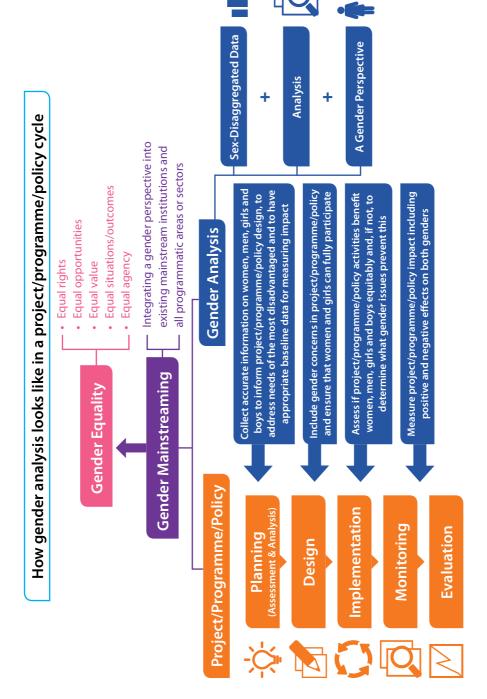
## BOX 1

## "Sex-Disaggregated" Data vs. "Gender-Disaggregated" Data

When analysing the data, it is important to collect and analyse both sexdisaggregated data and gender-disaggregated data.

- **Sex-disaggregated data**: It is broken down by sex.
- **Gender-disaggregated data**: In addition to being broken down by sex, it is also produced taking into consideration the different socio-economic realities women (girls) and men (boys) face in society. The types of data being collected or how data questions are formulated considering existing gender concerns and differentials.

See a table on page 35 as an example of the differences between sex-disaggregated data and gender-disaggregated data in actual settings.



### Table to illustrate the distinction between sex-disaggregated data and gender-disaggregated data²

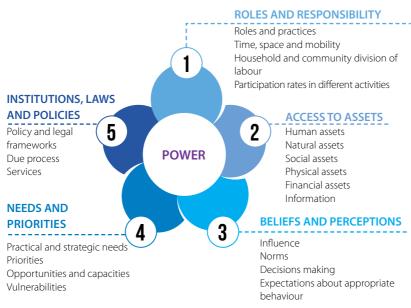
| Example: A school with total enrollment of 100 children  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Girls  | Boys Implications  |   |  |  |  |  |  |
| Statistics disaggregated by sex  |  |   |  |  |  |  |  |
| 40   | 60   | There are more boys than girls in the school.   |  |  |  |  |  |
| Gender Data  |  |   |  |  |  |  |  |
| 10 of 40 are from poor<br>households (25%)   | 35 of 60 are from poor<br>households (55%)   | Poor households make more effort to educate their sons.   |  |  |  |  |  |
| Of the ten girls from<br>poor households, 1 girl<br>is from a Muslim family  | Of the 35 boys from<br>poor households,<br>22 are from Muslim<br>families  | Must be correlated with proportion of Muslim families in the population at large. Indicates that Muslim families place additional importance on boys' rather than girls' education. Special measures may need to be taken to educate parents about the value of girls' education and support girls' access to school.   |  |  |  |  |  |
| Girls are absent from<br>school when babies<br>are born  | Boys are absent from<br>school in the dry<br>season to dig ditches   | The dry season happens at the same time every year. Teachers can therefore plan the curriculum around those absences. Pregnancies and births are random, so girls are at a disadvantage even if the total days absent are equivalent.   |  |  |  |  |  |
| 30% are malnourished   | 20% are malnourished   | This tells us how girls are treated at home relative to boys. Nutritional level affect learning and retention. Boys and girls may both be able to attend school, but they cannot access the opportunity equally if girls are more malnourished relative to boys.  |  |  |  |  |  |
| Domestic work takes 4 hrs before and after school including water and firewood collection, cooking, cleaning, sibling child care and selected agricultural tasks | Domestic work takes<br>30 minutes after<br>school, herding cattle  | This has implications for homework. It has implications for discussion of entitlements in relation to leisure time as a resource. Men's (boys') privilege is often embedded in their position, and invisible to the men (boys) who experience it. Making this privilege visible is a characteristic outcome of gender-specific data and its use in development decision making.         |  |  |  |  |  |
| Parents not supportive<br>of progress of girls<br>on to high school<br>(e.g. only 38%<br>of girl students'<br>parents interviewed<br>responded positively)       | Parents are<br>determined sons will<br>go to high school (e.g.<br>77% of boy students'<br>parents interviewed<br>responded positively) | Without family support, social policy interventions or development, project-specific inputs may not be long-term or yield lasting change. Work with parents and village/community leaders is a possibility. Multiple strategies are usually needed to make the necessary structural changes – building on the concept of social relations, the network of community relationships, etc. |  |  |  |  |  |

### 4. WHAT to consider in a gender analysis?

One way to approach the analysis of data and information from a gender perspective is by asking "gender analysis questions." The following figure suggests **five basic domains** to consider when collecting information and data for a gender analysis.



### **GENDER ANALYSIS FRAMEWORK**



### [THE FIVE DOMAINS OF THE FRAMEWORK]

- **1. ROLES AND RESPONSIBILITY:** The norms that influence women's (girls') and men's (boys') behaviour structure and the type of activities they engage in and their roles and responsibility.
- **2. ACCESS TO ASSETS:** How gender relations affect access to resources necessary for a person to be a productive member of society.
- **3. BELIEFS AND PERCEPTIONS:** Draws from cultural belief systems or norms about what it means to be a women or men in a specific society. These beliefs affect women's (girls') and men's (boys') behavior, participation and decision-making capacity.
- **4. NEEDS AND PRIORITIES:** Differences of needs (both practical and strategic gender needs) between women and men, girls and boys.
- **5. INSTITUTIONS, LAWS AND POLICIES:** Focuses on information about women's (girls') and men's (boys') different formal and informal rights and how they are affected by polices and rules.

**POWER:** Pervades all domains and informs who has, can acquire, and can expend assets and decisions over one's body.

[Excerpted from Jhpiego (2016). Gender Analysis Toolkit for Health Systems.]

### 5. HOW gender analysis informs programming?

Gender analysis is a way to gain clarity on the gender dimensions of development issues and decisions and is essential to all development programming. It ensures that the needs and rights of women, men, girls and boys are respected and addressed in all aspects of programming and funding allocations. There are seven essentials to keep in mind when conducting gender analysis and these information which will be drawn from gender analysis contributes to make programme/project more genderresponsive.

### 6 Strategy

Decide the strategies and resources required to address the gender barriers and constraints.

### 7 Capacity

Assess counterpart/partner capacity for gender-sensitive planning, implementation and monitoring, and develop strategies to strengthen capacity.

### 5 Gender norms

Understand the complexity of gender relations in the context of social relations and gender norms and how these limit or provide opportunities for addressing gender inequality.



### 1 Data

Collect sex- and genderdisaggregated data that reflects household. wealth quintile, location and ethnicity information relevant to the context and programme/project.

### 4 Gender differences

Identify the different needs, priorities and strengths of women, men, girls and boys.

### 3 Resources

Assess who has access to and control over resources, assets and henefits including who benefits from the interventions of the programme/project.

### 2 Labour

Examine how gender divisions of labour and decision-making patterns affect the overall goal and programme/project and how the interventions will potentially impact these.

### BOX 2

The following examples illustrate how gender analysis informs programming.

### **Example 1: MOBILITY**

Gender roles can create distinct differences in women's and men's access and mobility. For example, a gender analysis might reveal that, in one region, women are predominantly caregivers and housekeepers even when employed outside the home. Cultural practices require women to get their husband's or father's consent to participate in community activities, as time away will interfere in their household and child-rearing chores. Therefore, the location and timing of the programme/project activities must be flexible to make sure that women are acceptable to the male guardians for their participation.





### **Example 2: ACCESS TO ASSETS**

Gender analysis might reveal access to resources and information is different between women and men based on differences in literacy levels, their economic activities and their gender status and roles. Furthermore, different members of the same household might have different access to family resources based on gender barriers, inequalities and gender norms. The implications of these findings are that programmes/projects may need to introduce alternative/additional measures (such as cash transfer programmes, women's self-help group, access to childcare, etc.) to engage both women and men and ensure their equitable access to resources, information and participation.











### III. GENDER MAINSTEAMING ACROSS THE **PROGRAMME CYCLE**

Throughout a programme/project cycle, it is necessary to identify how gender relations and differences in the roles of women, men, girls and boys impact programme/project objectives, either as barriers or opportunities. This information should be utilized to explicitly address any relevant gender gaps and inequalities in UNICEF's programme strategy, proposal and programme/project design, implementation and monitoring and evaluation (M&E). Findings from the evaluation should be documented and shared to contribute to the development of best practices and lessons learned for integrating gender equality in future programme/project design and policies. When conducting a gender analysis, it is crucial to be always conscious of the impact of owns personal values, attitudes and beliefs.

It is also important to keep in mind the following principles at all times during interventions<sup>3</sup>:



Gender mainstreaming and analysis are an ongoing process and it includes several key elements in a programme/project cycle. A chart on the next page describes how gender is integrated into each step of UNICEF's results-based management (RBM) cycle:

- 1) Planning (assessment and analysis); 2) Programme design; 3) Implementation;
- 4) Monitoring; 5) Evaluation; and 6) Reporting. In the end of this section, there is an **integrated checklist** (from page 104) for users to review whether gender equality perspectives are holistically integrated in each step of the programme/project cycle.

### GENDER MAINSTREAMING PROGRAMME CYCLE

### 1. PLANNING (ASSESSMENT + ANALYSIS)

- Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- Identify gender issues
- · Define interventions that reflect gender inequality, gaps and needs

### 2. PROGRAMME DESIGN

• Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress







### 4. MONITORING

· Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage

### 3. IMPLEMENTATION

- Implement planned actions to transform gender inequality
- Participation of all groups which are gender-aware







### **5. EVALUATION**

- Evaluate outcomes using gender and human rights indicators
- Showing differentiated gender impacts



- Knowledge sharing (results and lessons learned)
- Inform future programmes/ projects





### **STAGE 1: PLANNING (ASSESSMENT + ANALYSIS)**

### **USEFUL TOOLS**

Gender statistics and data (gender analysis questions)



Stakeholder analysis and consultation



**Gender analysis** frameworks and tools



Purpose: Gather and analyse qualitative and quantitative data disaggregated by sex, age and other key demographic variables to identify systematic causes of gender inequality and gaps. Use findings to design a programme/project and plan necessary actions.

### Data Collection and **Examination**

Addressing gender equality should start at applying assessment (process to identify inequalities, gaps and disparities in a particular context) and analysis (analysing the information collected on gender differences to determine and prioritise gender-based constraints and opportunities and their implications for the achieving objectives and equal status of women and men, girls and boys) from a gender perspective to various types of information and data. Since this specific use of information is the most important aspect of gender mainstreaming, it is crucial to be able to access the gender analysis which is needed and to use it appropriately for programme/project design and decision making.

Gender analysis as noted in the previous section is integral in the early design and identification process because they help to describe the context of the identified problem. Together with gender analysis, mapping the situation analysis is critical in Stage 1 for introducing efficiency into the gender mainstreaming process.

The situation analysis process in UNICEF's Country Programme Development (CPD) starts at this stage and should be informed by recent gender equality and equity reports, relevant national policy and strategy documents, evidence, research, surveys and data sets at country, regional and global levels (see **Useful Resources** on page 120), the United Nations Development Assistance Framework (UNDAF), the Convention on the Elimination of All Forms of Discrimination against Women (CFDAW), the Universal Periodic Review (UPR) and the Convention on the Rights of the Child (CRC) reports, together with focus groups discussions, key informant interviews, observation, etc.

### **Situation Analysis of Children** and Women (SitAn)

The situation analysis of children and women (SitAn) is undertaken at least once in the UNICEF's Country Programme cycle, prior to preparation of a new Country Programme or during Mid Term/Annual Review It could also be updated at any time in the programme implementation phase. Objectives of gender analysis in SitAn are:

- · Assess the manifestations of child right's shortfalls, disparities and inequities in child outcomes for both girls and boys (including for adolescents);
- · Analyse the determinants and/or causes of inequities for women, men, girls and boys; and
- Analyse multiple and overlapping deprivations that women, men, girls and boys experience (consider deprivations based on age, location, caste, class, wealth quintile, etc.).

There are **three steps** to implement the SitAn.

### Step 1: Assessment of the manifestations of child right shortfalls and inequities in child outcomes

The first step is the examination of shortfalls in achievement of child rights and of differentials in certain child outcomes based on disaggregated information by sex, age, ethnic origin, etc.

Together with poverty and geography, gender inequality is one of the key drivers of negative child outcomes. At this stage, the gender analysis will examine both gender disparities in child outcomes as well as how gender inequality affects girls and boys differently, manifests in negative outcomes for both girls and boys such as poorer nutritional status, decreased levels of learning outcomes and how these continue during adolescence and adulthood. It is also crucial to assess gender discrimination, inequitable norms and unequal power between women and men since gender inequalities among adults directly lead to deprivations for children. Gender analysis provides insight into the norms, values, traditions, attitudes and behaviours of the community in the local context.

Although, there are situations when boys encounter deprivation due to gender inequality, girls are more likely to face greater levels of deprivation, limited opportunities, restricted mobility and access to resources. It is recommended to actively involve women, men, girls and boys from diverse social groups in the analysis and identification of needs by using participatory methods. Moreover, consider to use mixed outreach groups or mobile teams to identify and engage groups not visible in the assessment.

Use a set of guiding questions on the next page to conduct a gender analysis to gather and assess data and information on gender differences in the programme/ project areas. For more information on SitAn, see Guidance on Conducting a Situational Analysis of Children's and Women's Rights (UNICEF, 2012).

### GENDER ANALYSIS QUESTIONS<sup>4</sup>

The following checklist on gender analysis comprises of two parts:

- Questions for situational/country context analysis; and
- Questions for gender analysis at organizational level.
- It helps to collect, analyse and interpret data and information about specific situations, roles, responsibilities, needs and opportunities of women and men, girls and boys during situation analysis.

### I. FOR SITUATION/COUNTRY CONTEXT ANALYSIS



### **ROLES AND RESPONSIBILITY** (PRACTICES AND PARTICIPATION)

Asking questions about "Roles and Responsibility" will help to understand:

- what women and men, girls and boys do their daily or routine activities
- the distribution of work inside and outside of the house
- how much time and effort women and men, girls and boys spend meeting their responsibilities (doing the activities)
- the tedium of activities
- the results of the activities

### **Guiding questions**

- What is the demographic profile of the population in the target areas disaggregated by sex and age?
- What do women and men, girls and boys do (in a day, week, season, etc.)? Where? (location/patterns of mobility) When? (daily and seasonal patterns) How do women and men, girls and boys spend their time?
- What is the gendered division of labor: roles, activities, work and responsibilities of women and men, girls and boys in the house? Who decides what they do? What is the results of their activities? Who benefits? Do they have leisure time?

- Do women or men, girls or boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services? To supportive social networks?
- What types of activities, meetings, associations and groups (both formal and informal) do women and men, girls and boys engage in? Do women and girls participate in activities in public domains? What activities? Where?
- Spatially, within the community and beyond, where are women's and men's, girls' and boys' activities located?

· Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?

### Consider:

- **Productive roles** (paid work, self-employment and subsistence production)
- Reproductive roles (domestic work (cooking, cleaning, fetching water, etc.), childcare and care of the sick and the elderly)
- Community roles and participation/self-help (voluntary work for the benefit of the community as a whole, representation/decision-making on behalf of the community as a whole)

| Sample Matrix |      |       |     |        |  |  |
|---------------|------|-------|-----|--------|--|--|
| WOMEN         |      |       |     |        |  |  |
| Activity      | When | Where | How | Result |  |  |
| Reproductive  |      |       |     |        |  |  |
| Productive    |      |       |     |        |  |  |
| MEN           |      |       |     |        |  |  |
| Activity      | When | Where | How | Result |  |  |
| Reproductive  |      |       |     |        |  |  |
| Productive    |      |       |     |        |  |  |
| GIRLS         |      |       |     |        |  |  |
| Activity      | When | Where | How | Result |  |  |
| Reproductive  |      |       |     |        |  |  |
| Productive    |      |       |     |        |  |  |
| BOYS          |      |       |     |        |  |  |
| Activity      | When | Where | How | Result |  |  |
| Reproductive  |      |       |     |        |  |  |
| Productive    |      |       |     |        |  |  |



### ACCESS TO AND CONTROL OVER ASSETS

### Asking questions about "Access to and Control over Assets" will help to understand:

- women's and men's, girls' and boys' access to resources needed to carry out their work
- their control over the resources to use as they wish
- their access to the benefits derived from their work, and to the control they have over the benefits

### **Guiding questions**

- What livelihood assets (resources). opportunities and services do women and men, girls and boys have access to? Who makes decisions about the use of household resources? Are needs met equally?
- What do women and men own? What do they do with what they own to improve their and their children's well-beina?
- Do women and men, girls and boys face risks and constraints when accessing resources? (e.g. when collecting fuel, procuring food, etc.)
- Respectively, are women's and men's (girls' and boys') assets equally liquid and transferrable?
- Which resources do women and men (girls and boys) control? What are the implications of (not) having control over resources?
- What are the community's assets? Who has access to them? Who controls them? To what extent?

- How do women's, men's girls' and boys' access to and control over resources affect their ability to:
  - Decide to seek services?
  - Reach the right level of services?
  - Access transport to service providers?
  - · Access information?
  - Get appropriate services?
- · Are women or men, girls or boys denied benefits because of assumptions about competing household obligations or lack of autonomy?
- Can all women widows, single women, female heads of households. etc. – own and control resources, like property, independently from others (e.g. husband, father, brother)?
- What rights (right to occupy or use, right to inherit, right to control, etc.) do different women (widow, single, female heads of household) have to different assets? Can these rights be exercised independently from other individuals?

- Do women, men, girls and boys have equal chance of choosing any occupation? Who controls the cash and other benefits earned from income-generating activities?
- What kind of assets do adolescent girls and boys have access to?
  - · Schooling
  - Vocational training
  - Mentors
  - Employment
  - · Peer groups
  - Money for school supplies

- How do adolescent girls and boys gain access to financial assets for food, shelter, school materials and clothing?
- What kind of social networks do. adolescent girls/boys have? What is the average number of people in girls'/boys' networks?
- Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- Respectively, what kinds of media do adolescent girls and boys have access to?

### Consider:

- Human assets (e.g. health services, education, knowledge, skills)
- Natural assets (e.g. land, labour, forest, fuel, water)
- Social and political assets (e.g. organizations, networks, contacts, leadership, citizenship)
- Physical assets (e.g. transportation, communications (radios, newspapers, telephones, internet), tools, housing)
- Financial assets (e.g. capital, income, credit, cash, income security, remittances, social security (e.g. government transfers))

| Sample Matrix       |                   |                 |                 |                     |  |  |
|---------------------|-------------------|-----------------|-----------------|---------------------|--|--|
| Resources/<br>Asset | Who has access to | Who<br>controls | Who<br>benefits | How do they benefit |  |  |
|                     |                   |                 |                 |                     |  |  |
|                     |                   |                 |                 |                     |  |  |
|                     |                   |                 |                 |                     |  |  |
|                     |                   |                 |                 |                     |  |  |



### **BELIEFS AND PERCEPTIONS (NORMS)**

Asking questions about "Beliefs and Perceptions (Norms)" will help to understand:

- how socio-cultural norms and practices affect women and men, girls and bovs
- how decisions are made that directly impact the lives of women and men, girls and boys

### **Guiding questions**

- What is appropriate behavior for a woman (girl) or a man (boy)? What is an ideal woman (girl)? What is an ideal man (boy)? How do these beliefs influence their behaviors?
- What are the social beliefs and perceptions that condition women's (girls') and men's (boys') expectations and aspirations? For education, for employment, for marriage and family?
- Who made important decisions at the household and community levels, women, men, girls or boys? About what? Who benefits?
- Who has decision-making authority? In what areas? To what extent? Why? Who decides how common resources will be used?
- What limitations, if any, do women (girls) and/or men (boys) face in participating in and controlling decision making?
- What structures does the community use to make decisions, and how do women and men, girls and boys participate in these?

- Do women (girls) and men (boys) have equal influence in deciding common resources will be invested and used? If not, why not? Which women (girls) and/or men (boys) influence decisions about resources and activities and which do not? What needs to change? Are initiatives for change welcomed or oppressed?
- Are women and men represented in the leadership of the community or other civil society organizations? What types of leadership roles do women and men play? To what extent are women's voices heard? In relation to what? Are the interests and ideas of women addressed?
- · How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women, men, girls and boys? What are the ways in which communities discriminate against women and girls? How do these practices also stigmatize some men and boys?

- · How might women, men, girls or boys interpret new experiences or information differently based on their gender identities, level of education, and different types of knowledge that women, men, girls or boys may have?
- Are messages, illustrations and other media presentations free of gender stereotypes and biases?

### Consider:

- **Household level** (e.g. decisions over household expenditure)
- **Community level** (e.g. decisions on the management of resources and services)
- Local government level (e.g. management)
- National government level (e.g. planning, policy and budget development)



### **NEEDS, PRIORITIES AND PERSPECTIVES**

Asking questions about "Needs, Priorities and Perspectives" will help to understand:

- differences of needs (both practical and strategic gender needs) between women and men, girls and boys
- perspectives on the services provided
- capacities such as knowledge, skills and strengths
- vulnerabilities to cope in the face of adversity

### **Guiding questions**

- What are the specific needs (both practical and strategic) of women and men, girls and boys and their priorities?
- What are women's/girls' and men's/ boys' different skills, knowledge and capabilities which can help achieve gender equality?
- Do women and girls (or men and boys) face any obstacles in using their knowledge and skills? Are they being under-utilized? Why?

- What perspectives do women and men, girls and boys have on the appropriate and sustainable ways of addressing their needs?
- Do women and/or men perceive themselves, and their families, as being vulnerable? Why? Why not? Is there particular vulnerabilities for women, men, girls and/or boys in the community?

- What are women's and men's main coping mechanisms to difficulties such as poverty, lack of food and health services, etc.? Do coping mechanisms place women and girls (or men and boys) at risk of harm?
- What community support is available to women, men, girls and boys? What is the nature and extent of the community support? What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?
- Given the capacities and vulnerabilities of women, men, girls and boys, what would they like to change? What are their priorities for change? How change can be brought about so that women, men, girls and boys are empowered and lead to equality?

- Are women's, men's, girls' and boys' different needs taken into consideration in local, district and national planning, programme design and budget development?
- Are measures taken to address women's, men's, girls' and boys' different constraints in accessing services, for example:
  - Hours services are open
  - Educational materials, messages and outreach activities
  - Balance of women and men in the work force

### Consider<sup>-</sup>

- 'Practical' gender needs (needs arising in the context of existing gender roles/assets)
- 'Strategic' gender needs (i.e. requiring changes to existing gender roles/ assets to create greater equality of influence, opportunity and benefit such as increasing women's access to decision-making)
- Perspectives on improved services and delivery systems, such as prioritised services, location, type and cost of services, systems of delivery, operation and management



### **INSTITUTIONS, LAWS AND POLICIES**

Asking questions about "Institutions, Laws and Policies" will help to understand:

- different formal and informal rights between women and men, girls and boys and how they affected by policies and rules
- if service providers consider the impact of gender differences and if they

### **Guiding questions**

- How do inheritance laws treat women, men, girls and boys respectively?
- · How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women, men, girls and boys have equal status under all national, regional and local laws?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- Is there a national gender policy? When was it developed and who was involved in its formulation? Is it based on context-specific gender analytical information and sex-disaggregated data?
- Are authorities knowledgeable of national gender equality polices? To what extent do they implement and enforce the policies?
- What is the accountability mechanism for implementing existing gender equality policies? Do authorities conduct periodic assessments, issue reports or measure

- performance on a regular basis?
- Are gender issues included in other policies? To what extent? Are the gender aspects based on contextspecific gender analytical information and sex- and age-disaggregated data?
- What are the impacts of gender mainstream policy on women and men, girls and boys?
- What are service providers' beliefs about gender differences and equality? How does this affect their treatment of beneficiaries? Are women, men, girls and boys treated differently by:
  - Service providers who are women?
  - Service providers who are men?
- How and when is information. about women's, men's, girls' and boys' different experiences with the services collected and analysed?
- How do ideas about women's, men's, girls' and boys' proper behavior affect their access to services by providers? How do these attitudes affect how they interact with women, men, girls and boys?

### II. FOR ANALYSIS AT ORGANIZATIONAL LEVEL



### POLITICAL WILL AND INFLUENCE

### **Guiding questions**

- · What is the proportion of women and men in management?
- What is the attitude of senior management staff to gender issues?
- Who does the management consult with (internally and externally) about gender issues?
- Who are the formal and informal opinion leaders? Do they take gender issues seriously?
- Which external organizations, people, donors and partners have an influence on the organization? Do they take gender issues seriously?
- · What are the decision-making bodies?
- What role do women and men play in decision-making?



### **HUMAN RESOURCES**

### Guiding questions for gender focal staff

- Is there a designated gender unit/staff member? Since when?
- What is a structure/mandate/ resources? What do they do? How effectively?
- What are staff's (female and male) perceptions of "gender issues" at work?

### Guiding questions for all staff

- Are there equal opportunities for women and men to be employed and promoted? Training opportunities?
- What is the accountability levels on gender?
- Are there sectoral focal persons on gender?
- Who has responsibility for gender equality issues? Is there training?
- What are levels of knowledge, skills and attitudes to gender?
- Is sensitivity to gender issues included in job descriptions/assessed at interview/monitored at appraisals?



### **Guiding questions**

- Do women and men receive equal pay for equal work?
- Are there gender equality initiatives "on the ground" and opportunities for staff capacity building?
- Is there funding for what activities, to what effect? Are budgets analysed and appropriated according to gender equity principles?
- Proportionately, how do budgets for programmes, supplies, infrastructure and human resources benefit women and men? Who decides how these resources are allocated?



### SYSTEMS, PROCEDURES AND TOOLS

### **Guiding questions**

- Is attention to gender issues included in routine systems and procedures (information systems; appraisal, planning and monitoring procedures)?
- Have staff been issued with quidelines/information/tools on gender policies/mainstreaming?
- Do supervision guidelines incorporate attention to gender equality?



### STAFFING STATISTICS

### **Guiding questions**

- Numbers of women and men at each level in the organization, and according to role/sector - sexdisaggregated statistics.
- Interview/recruitment/promotion/ training and career development sex-disaggregated statistics.
- Wages sex-disaggregated statistics.



### PRACTICAL NEEDS OF WOMEN AND MEN

### **Guiding questions**

- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits. training, promotions and leadership opportunities?
- · Does the organization create a safe and practical environment for women and men (consider issues like transport arrangements, working hours, travel commitments, toilets and childcare responsibilities)?



### **ORGANIZATIONAL CULTURE**

### **Guiding questions**

- How does information flow in the organization formally and informally?
- To what extent are women/ men included in communication networks?
- What are the main shared values of the organization? Do these relate in any way (explicitly or potentially) to gender equality?
- Is decision making centralized or decentralized? Is it a rigid structure? To what extent do individual staff have "room for manoeuvre"?
- What is the attitude towards female/ male staff?
- Do women or men experience harassment and assault at their workplaces, and in what form and frequency?



### **POLICY AND ACTION**

### **Guiding questions**

- How many women and men staff at the organization have the power to shape policies?
- Does the organization have equal opportunities, gender policy or equivalent directives?
- What does this policy cover? How has it been implemented and promoted?
- To what extent does it affect practice within the organization?
- Is there a human resource policy on gender equality and/or nondiscrimination based on gender?
- Are any of the workplace policies discriminatory against women or men?

### Step 2: Analysing the causes of inequities and identifying the opportunities

After collecting information about gender relations in the area in which UNICFF plans to intervene, the second step is to analyse the determinants and/or causes of inequities of women, men, girls and boys and identify how to facilitate desired change.

The gendered analysis of the determinants and/or causes of inequities is based on the premise that even when no visible gender disparities in child outcomes exist, there still are critical gender barriers that affect the fulfilment of children's rights and protection. The gender analysis of determinants and/or causes of deprivations and constraints should identify the gender-based factors that contribute to the inequality together with other factors such as age, financial poverty, wealth, ethnicity, sexual orientation, formal education, religion, dis/ ability, geographical location, caste, etc.

The following five gender bottlenecks and barriers can be used to analyse the causes of gender inequities.

### **GENDER BOTTLENECKS AND BARRIERS**



Lack of safety and mobility



Lack of resources and decision making



Limited access to knowledge, information and technology



Gender division of labour between women and men, girls and boys



Masculine and feminine ideas and expectations

It is also crucial to assess what opportunities and facilitating factors could contribute to success of the programme/project. Consider whether the absence of these factors may hinder the desired results.

### **EXAMPLES OF OPPORTUNITIES AND FACILITATING FACTORS**



Government support, political will and resources



Local capacity; Engagement of civil society, women's and youth groups



Supportive community leaders (female/male)



Partnerships including for innovation, data and evidence



Complementary programming with **United Nations sister agencies** 

The following questions can also be used to further understand and identify other determinants and/or causes of gender inequities.

### FOUR DOMAINS TO CONSIDER WHEN ANALYSING **DETERMINANTS/CAUSES OF GENDER INEOUITIES**



### **ENABLING ENVIRONMENT**

### Social norms: widely-followed social rules of behavior

- · What are the root causes of the deprivations women and girls are facing within a specific context?
- · What are the key societal beliefs of their value in society?
- · Is there widespread discrimination based upon poverty, ethnic identity, geographic location, disability, and/or fragile and crisis conditions?

### Legislation/policy that impact on rights of women, men, girls and boys

• What kind of policies and legal frameworks exist to prevent and/or enforce and address key issues that affect women and girls for instance, gender-based violence (GBV) laws, inheritance laws, land/asset ownership laws, national HIV and gender policies, etc.?

### Budget/expenditure: allocation and disbursement of required resource

- · How is gender addressed in national plans and budgets?
- Are there systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress?

### Management and coordination: roles and accountability/coordination/ partnership

 What national level coordination barriers hinder the enforcement of social protections particularly in humanitarian and emergency settings?



II. Supply

### Availability of essential commodities/ inputs

• What critical commodities are lacking within the delivery process of key services to vulnerable populations?

### Access to adequately staffed services, facilities and information

 What lacking resources prevent access to quality services including information that has a disproportionate impact on vulnerable populations?



### Adherence to required quality standards (national or international norms)

• What are some of the quality standards that are not being adhered to that impact access and utilization?



### **IV. Demand**

### Financial access: direct and indirect costs for services/practices

• What factors impede demand for access to services, resources or opportunities that disproportionately impact a specific aender?

### Social, cultural practices and beliefs: individual/community beliefs, awareness, behaviors, practices, and attitudes

• What social norms, practices, beliefs and behaviors hinder outcome for women. men, girls and/or boys?

### Continuity of use: completion continuity of service and practice

· What barriers prevent continuity of services?

### Step 3: Analysing multiple and overlapping deprivations experienced by girls and boys

In many societies, the disadvantaged position of girls and boys often appears even before birth, creating multiple gendered disparities in key child outcomes that continue, but also change during adolescence and adulthood (e.g. in certain societies, a girl's mobility is even further limited when she marries).

UNICEF's Multiple Overlapping Deprivation Analysis (MODA) tool aims to analyse the severity of multi-dimensional disadvantage measured in terms of the number of multiple deprivations experienced by children. The application of the MODA tool is critical for an indepth analysis of gender inequities and inequalities. Multiple deprivations for children are highest in societies where structural gender inequality is high. See next page for two examples on gender analysis taking into consideration several factors of deprivations. For more detailed information on MODA, see Step-by-Step **Guidelines to the Multiple Overlapping** Deprivation Analysis (MODA) (UNICEF, 2012).

Once the gender-based inequalities are identified, the next step is to prioritise these inequalities which are most likely to affect programme/project outcomes, are feasible to address within the mandate of the programme/project, and when addressed, will contribute to greater gender equality. Upon completion of the thorough analysis, staff are ready to begin the design of the programme/project.

### Stakeholder Analysis and Consultation

In the beginning of design stage, it is important to identify **primary** (individuals/ groups directly affected by the programme), **secondary** (indivduals/groups indirectly affected by the programme) and key stakeholders (people with significant ability to influence programme implementation and outcomes) to understand each stakeholder's interests and influence and to clarify the nature of the relationships between stakeholders. A gender-sensitive stakeholder analysis ensures that the voices of the range of stakeholders are heard; not only the more powerful individuals and groups. Only then is it possible to equitably address the needs, interests and priorities of diverse women, men, girls and boys.

It is also imperative at this stage to identify each stakeholder's capacities; potential roles; gender-related knowledge; skills; experiences; resources; opportunities for participation: influence and support: and resistance in relation to programme implementation and outcomes. This will enable to identify who should be involved, who has significant influence and power, nature and extent of each stakeholder's participation, capacities, alliances, and inform the programme risk mitigation strategy.

Consulting with stakeholders also enable to analyse current gender information, especially socio-economic information including gender roles, access and control to resources, sexual division of labour. power relations and legal rights, etc. This will enhance the learning process on the subject for all those involved and will improve the next step of programme/ project design.

# **EXAMPLE OF GENDER ANALYSIS 1: MATERNAL MORTALITY OF ADOLESCENT GIRLS**



## GENDERINEQUALITY High maternal mortality of adolescent girls

**GENDER BARRIERS** 

nave double burden of household care

Adolescent girls

preventing timely

neonatal visits

### INSTITUTIONS/GOVERNANCE

complications during Health workers are not trained in managing delivery

nave adequate pre and Health facilities do not Care (EmOC) supplies **Emergency Obstetric** post-natal care and for adolescent girls

**LEGAL/POLICY FRAMEWORK** 

**Adolescent Health** and Youth strategy implementation of Lack of a national costed plan for

Family planning and reproductive health adolescent-friendly services are not

:ransportation/access to the health facility are unable to pay Adolescent girls

post-natal care services,

sexual and reproductive health (SRH), HIV and family planning

know about neonatal/

Adolescent girls do not

contraceptives/family Partner/husband refuses to use a condom/inhibits planning

adolescent girls' c<u>ontrol</u> oregnancies constrain and awareness of their reproductive health Early marriage and

unsafe abortions and are unaware of the early pregnancies Adolescent girls complications of

weight and mortality many children especially boys Gender norms and pressure for women and girls to have to look after family lineage and parents in old age

oeing of pregnant adolescent mpacts the health and wellgirls and impacts low birth Violence and coerced sex

## **EXAMPLE OF GENDER ANALYSIS 2: GIRLS' PRIMARY EDUCATION**

### INEQUITY IN CHILD OUTCOMES

### Lower primary school completion rate of girls

### INSTITUTIONS/GOVERNANCE

Pedagogy, learning and subject content reinforce gender inequality and stereotypes

Lack of separate and safe disposal of sanitary pads toilets for girls

Lack of qualified and role models female teachers

cleaning, cooking and Girls are expected to help with household

GENDER BARRIERS

Sons are largely

gender-based violence Child marriage, risks of esult in low priority for and low value of girls care of siblings

during old age - low value breadwinners and carers household do not have a Women and girls in the of educating girls considered as

of household expenditures voice in decision making

LEGAL/POLICY FRAMEWORK

1

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Lack of guidelines

secondary education costed plan for girls' Lack of a national and transition to access, retention education from

environment for girls management (MHM menstrual hygiene and safe learning in schools for

educating girls

### GENDER ANALYSIS FRAMEWORKS



Gender analysis frameworks enable to structure the application of research on gender and conceptual theory into gender-sensitive planning, design, implementation, monitoring and evaluation (M&E) of development interventions. The frameworks are designed to ensure that gender needs and roles can be identified, addressed and monitored. This section provides an overview of the five key gender analysis frameworks:

- 1. Harvard Analytical Framework, also known as the Gender Analysis Framework
- 2. Moser Gender Planning Framework
- 3. Gender Analysis Matrix (GAM)
- 4. Women's Empowerment Framework (WEF)
- 5. Social Relations Approach

Before considering the utility of gender analysis frameworks, it is important for users to keep in mind that each framework has limitations and must be tailored to meet the circumstances of a particular context. In addition, these five frameworks are not mutually exclusive and they can be used to complement each other.

### **FRAMEWORK 1**

### HARVARD ANALYTICAL FRAMEWORK<sup>5</sup> (GENDER ANALYSIS FRAMEWORK)

### What is it?

- · One of the earliest efforts to systematize attention to both women and men and their different positions in society.
- Aims to demonstrate the economic rationale for investing in women and to assist in the design of more efficient projects. Provides clear information on the gender devision of labour and makes women's work visible.
- Consists of checklists and key questions to ask at each stage of the project cycle: identification, design, implementation and evaluation.
- Best suited for a project design rather than programme/policy planning.

### Tools

- Organizes data collected in a matrix consisting of four components:
- Activity profile (who does what?)
- Access and control profile (who has access to and control over resources used in activities?)
- Analysis of factors that influence gender differences
- Project cycle analysis (reflection on the effectiveness of the project in light of genderdisaggregated information)

### MOSER GENDER PLANNING FRAMEWORK<sup>6</sup>

### What is it?

- It has the goal of freeing women from subordination and allowing them to achieve equality, equity and empowerment.
- Links the examination of women's roles to the development planning process.
- It distinguishes between women's practical and strategic gender needs. Meeting practical gender needs helps women in their current and immediate situation. Strategic gender needs, if met, would lead to transformations in gender power relations and imbalances.
- Examines women's "three roles"- productive, reproductive and community management and how they influence women's participation in development projects.
- Best suited for gender roles identification and gender needs assessment.
- Framework does not include other inequalities like class, race and ethnicity.

### Tools

• It consists of six tools and aims to provide guidance on gender planning as a policy











Tool 1 identifies gender roles: what women, men, girls and boys do in various productive, reproductive and community-managing activities.

Tool 2 identifies the practical and strategic needs of women.

Tool 3 defines an access and control profile for resources and benefits of economic activity.





Tool 6 looks at the way women and genderaware organizations and individuals can be

involved in the process.



Tool 5 looks at how welfare, equity, anti-poverty, efficiency or empowerment approaches will address practical or strategic needs. The approaches are not mutually exclusive.





Tool 4 examines the impact that a new policy, project or programme will have on the three roles. A change addressing one area may affect others in a positive or negative sense.

### GENDER ANALYSIS MATRIX (GAM)<sup>7</sup>

### What is it?

- · Developed to determine how a particular development activity could affect women or
- Uses a participatory approach in which community stakeholders define and analyse gender differences.
- Intended to be used by the community for self-identification of gender issues.
- Based on the following principles:
- All requisite knowledge for gender analysis exists among the people whose lives are the subject of the analysis.
- Gender analysis does not require the technical expertise of those outside the community, except as facilitators.
- Gender analysis cannot promote transformation unless it is carried out by the people being analysed.

### Tools

• It consists of two tools which focus on the impact of a development intervention:



Tool 1 analyses project objectives at four levels of society: 1) women, 2) men, 3) household and 4) community. Other levels (depending on the project goals and the community in question) such as age group, class, ethnic group and so on, can be added as appropriate.

Tool 2 looks at impact on four areas: 1) labour (tasks, skills, etc.), 2) time, 3) resources (considering both access and control of income, land, etc.), and 4) sociocultural factors (gender roles, status, etc.).

### WOMEN'S EMPOWERMENT FRAMEWORK (WEF)8

### What is it?

- Argues that poverty reduction requires the empowerment of women.
- Developed by Sara Longwe in the late 1990s, the Women's Empowerment Framework (WEF) is designed to assess commitment to women's empowerment, the existence of empowerment in the context being analysed, and the impact of empowerment of community members. In this context, empowerment relates to women's participation and control of processes and benefits.
- Helps planners to identify what women's equality and empowerment would mean in practice, and to determine to what extent a development intervention supports greater

### Tools

• The WEF introduces five hierarchical levels of equality which are (in order of progression):



• Examines a programme how it influences the five levels of empowerment through a concept of three levels of recognition of women's issues in project design: 1) negative (no recognition) 2) neutral (women's issues are recognized but specific actions are not taken) 3) positive (women's issues are recognized and the project aims to positively change women's status relative to men's).

### SOCIAL RELATIONS APPROACH9

### What is it?

- States that development is a process for increasing human well-being (survival, security and autonomy), and not just about economic growth or increased productivity.
- · Social relations including gender relations determine people's roles, rights, responsibilities and claims over others. Institutions are key to producing and maintaining social inequalities, including gender inequalities.
- · Best suited for policy development and planning.
- Can appear to be complicated since it looks at all inequalities.

### Tools

- The framework uses concepts rather than tools.
- Recognizes that inequality is reproduced across a range of institutions from the macro to micro level and is not confined solely to the household. Four key inter-related institutions (the state, market, community and the family) are used which produce, reinforce and reproduce social differences and inequalities. Examine how a change in policy or practice within one institution will affect and cause changes in the others.





- · Examine which categories of policies development interventions fall under: 1) genderneutral policies; 2) gender-specific policies; and 3) gender-redistributive policies.
- Examine the immediate, underlying and structural factors that cause the problems and their effects on the different actors involved in relation to the four types of institution (state, market, community and family).

### **STAGE 2: PROGRAMME DESIGN**

### **USEFUL TOOLS** Theory of change Gender Gender Gender impact (ToC), Logical indicators budgeting assessment Framework

Purpose: Develop strategies and design a programme/project by creating a gender-sensitive Theory of Change (ToC) and a Logical Framework needed for implementation of actions and monitoring progress.

### **Gender-Responsive Programme Design**

After identifying a set of gender priorities in line with national context, UNICFF's Strategic Plan and the Gender Action Plan (GAP) 2018-2021, and taking into account gender benefits and differentiated impacts, next step will be to develop strategies based on thorough contextual research and programmatic background to design a gender-responsive programme/ project.

Gender-responsive programme/project design refers to the process of planning the implementation phase of programmes/ projects from a gender perspective. At this stage, as the programme/project is planned to address the problems identified, gender analysis results will help to clearly identify prioritised gender issues, actions to take, budget, target group(s) and to carefully consider assumptions about intended beneficiaries. Designing a programme should be consultative and inclusive

process involving UNICEF staff, existing partners and/ or potential partners, other humanitarian and development actors. and diverse women, men, girls and boys.

The programme/project objectives, outcomes, outputs and inputs need to have a logical link and to be consistent with the gender context for vulnerabilities of women, men, girls and boys, failing which the programme/project is unlikely to address the underlying factors that contribute to inequities in a given area. Specific interests and needs of women, men, girls and boys must be differently and well incorporated. In addition, barriers and constraints within the context or sector. should be specifically addressed.

However, design is not an one-off task; it is an iterative process. New information and more in-depth understanding will emerge during implementation and monitoring of a programme/project. The learning should be used to refine and adjust the design of the programme throughout the programme/project cycle.

### **Gender Programmatic Review** (GPR)

Within UNICEF programming, once critical deprivations and most affected areas and populations have been identified through the SitAn and the analysis of the causes of deprivations, the country office will proceed with designing the new Country Programme Document (CPD) or reviewing the existing CPDs, Annual Review or Mid Term Review (MTR).

At this stage, a **Gender Programmatic Review (GPR)** should be carried out by the country office. For a Mid Term Review (MTR), the GPR is conducted before any strategic decisions are made. Ideally, the GPR immediately follows the completion of the SitAn. In the new CPD scenario, the GPR process will take up to three months and should be synchronized with strategic meetings, section retreats or strategic moment of reflection (SMR).

The key principle behind the GPR is the emphasis on quality over quantity. This means that rather than seeking to address gender equality in everything, the focus will be on addressing it well for a limited number of strategic priorities as relevant in country contexts and across the organization's work. One of the minimum standards for the implementation of the GAP in country offices is the specification of at least one targeted gender priority results and at least one gender mainstreaming result in country programmes (see page 16 of this toolkit for the GAP framework)

The UNICEF's new GPR tools will assist country offices in the prioritisation of the programmatic results that meet the five

GAP programming principles (at-scale, innovative, evidence-based/data generating, expert-led and well-resourced), and specify the resources, processes, capacity and systems that will be required to implement the programme. For more information on GPR, see UNICEF's **Gender Programmatic** Review Toolkit (2018).

The GPR is carried out in **four steps**:

Analysis of UNICEF's 13 gender results in the GAP within the national context and prioritisation of a subset of them to potentially address in the country programme, based on national relevance and priorities, country office's ongoing work and available financial and

۸ <STEP Identification of the causes of the problems underlying the GAP priorities selected in Step 1.

human resources.

3 <STEP 3

Development of programmatic responses, outputs and indicators to track progress and an assessment of resource requirements.

Documentation of findings in a GPR report for eventual integration into key Country Programme Documents (CPD), Country **Programme Management Plan** (CPMP), Programme Strategy Notes (PSNs), etc.

### **Criteria for Selecting Strategies**

Adopting and adapting criteria that apply to a wide range of gender-responsive interventions can help with selecting strategies to address gender-based disparities and inequalities. Country offices should choose strategies based on the following criteria:

- 1) Country office's ongoing work and comparative advantages;
- 2) What data and evidence show about the severity and importance of the issue in the country;
- 3) National policies and priorities; and
- 4) Existing and potential resources, expertise and partnerships necessary to address the issues effectively and at scale.

### **Developing a Theory of** Change (ToC)<sup>10</sup>

Developing a sound gender-responsive programme/project framework requires understanding of how the planned strategies and interventions are

expected to lead to the desired change. It is particularly important that a Logical Framework adequately reflects a social and gender analysis that has been undertaken during the design process and shows consistency between the analysis of situation and the proposed programme/project. As part of the programme/project designing process, country offices construct a **Theory of** 

**Change (ToC)**, a detailed description of the causal linkages that are expected to bring about a desired change based on a causality analysis that demonstrates the pathway towards the desired outcome, and how activities and resources will contribute to outputs, outcomes and impacts. A results chain is a simple tool that can be used to visualize the relationship between these components as shown below

### THE RESULTS CHAIN<sup>11</sup>

### **INPUTS**

Resources - human, physical, financial, etc. required for implementation (e.g. facilities, time, staff)

### **ACTIVITIES**



Strategies and interventions that will be implemented using the resources (e.g. training health staff)

### **OUTPUTS**



Short-term results from the the activities (e.g. 100 health staff is trained on reproductive health)

### **OUTCOMES**



Medium-term results such as changes in behaviours, attitudes, knowledge, skills and practices (e.g. 400 girls received sexual and reproductive health services at health facility)

### **IMPACT**



Long-term results from the activities or the broader goals to which the activities are expected to contribute (e.g. Less early pregnancy)

### Formulating a Logical **Framework**

Once the link between programme/project components has been conceptualized, next step is to develop a Logical Framework, a methodology that articulates the assumptions connecting a programme's/project's activities, outputs, outcomes and goals based on a Theory of Change (ToC).

Gender can be incorporated into a programme/project Logical Framework in two main ways. Firstly, by "engendering" the objectives, outcomes, outputs, activities and indicators (e.g. ensuring that they refer to the anticipated changes expected for both women and men or

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girls and boys). For instance, by having an objective that aims to "increase enrolment rate of both girls and boys".

Secondly, by including objectives, outcomes, outputs and activities that specifically address gender issues. For example, within a WASH programme, there could be a specific objective around "menstrual hygiene management (MHM)".

### Level of Intervention

When developing strategies, it is useful to consider four different levels (individual, household, community and **society)** of intervention as shown below. It is important to note that change is rarely confined to one level and some interventions may target more than one level.

### FOUR DIFFERENT LEVELS OF INTERVENTION12

### 4 Societal level

Public realm of power – interventions which seek to strengthen capacity and accountability of formal institutions, laws and practices to support and promote women's and girls' rights and empowerment.

### 3 Community level

**Community realm of power** – interventions which aim to change social and cultural norms, values and practices which condone or reinforce gender inequality at the community level.

### 2 Household level

Private realm of power – interventions which target relationships within the domestic sphere including within the family, marriage or sexual relationships.

### 1 Individual level

**Intimate realm of power** – interventions which focus on influencing an individual's self-confidence, self-esteem, knowledge or self-awareness.

Although there is no blueprint for correct approach or interventions to bring about transformative change on gender equality, a number of important implications are set out below based on each level of intervention (individual, household, community and society) and can be used when developing gender-responsive programme/project strategies.

### IMPLICATIONS FOR GENDER EQUALITY PROGRAMMING<sup>13</sup>

### 1 Individual level

- Individual women's and girls' access to knowledge and skills
  - Fostering women's and girls' knowledge and skills can lead to an increased consciousness and understanding of their rights and increased confidence to claim those rights.
- · Women's and girls' access to resources Expanding women's and girls' economic opportunities such as jobs, assets and skills development can impact on women's and girls' agency and transform social norms.
- · Increasing women's and girls' influence in decision making Strengthen women's and girls' leadership capacity and include a focus on their influence in local decision making at community, village and district levels.
- support mechanisms Collective action of women and girls not only build peace at the community level, but also offers a degree of support and protection for women and girls themselves.

· The importance of safe spaces and

### 2 Household level

- Targeting all members of a household Evidence suggests that interventions which target all members of a household (both male and female) can have a valuable impact on the success of a programme/project.
- Recognizing and redefining gender roles within the household Interventions which are designed to encourage recognition and redefinition of gender roles within the household can be an effective mechanism for women's and girls' empowerment.
- Women's economic empowerment Women's economic empowerment has been found to improve women's decision making in the household when traditional approaches, such as microfinance or cash transfers are combined with other interventions, such as empowerment and educational strategies.
- Utilizing existing positive opportunities

Examining existing dynamics in the household can also enable programmes to build on positive opportunities for women and girls, which in turn, may impact on the success of interventions at the community and societal levels.

### **3 Community level**

### · Community education

Localised approaches to educate, mobilize the community and raise awareness about discriminatory practices can be effective in reducing gender inequalities through tackling myths and social norms.

### Relationships interventions

Relationships fostered in the spaces created by groups of women and girls can bring about the changes associated with empowerment and the capacity to act collectively to demand gender equality.

### · Working with traditional leaders and faith communities

Working with faith organizations and traditional leaders, who are often gatekeepers to the local community, can strengthen community ownership and support for programmes/projects and many have an impact on changing discriminatory community perceptions.

### Engaging men and boys

Working with men and boys to transform beliefs and behaviours that underpin gender inequality is an important intervention in order to achieve transformative change for women and girls.

### Working with and supporting women's rights and organizations

Evidence suggests that for community mobilization efforts to achieve transformative change for women and girls, they should work with and support women's and girls' rights organizations.

### 4 Societal level

### · Implementation and enforcement of legal frameworks

The implementation and enforcement of legal frameworks to ensure equality before the law has been identified as critical for transforming discriminatory norms and social practices but will only be effective if also accompanied by mechanisms for enforcement, interventions to improve women's and girls' access to justice and genderresponsive police and judicial systems.

### · Large scale media and education campaigns

Large scale media and education campaigns are a useful tool for reaching broad audiences. However, evidence suggests these are most effective when combined with locally targeted outreach efforts and interventions such as training and workshops.

### Supporting women's and girls' participation and collective

Active participation of women and girls and women's rights organizations in policy-making, combined with legal reform which promote women's and girls' equality and enhanced state capacity to implement agreed gender commitments are essential for successful initiatives to promote gender equality.

[Source: DFID PPA Learning Partnership Gender Group (2015). What Works to Achieve Gender Equality and Women's and Girls' Empowerment?]

#### **Monitoring and Evaluation** (M&E) Plan

It is also essential to develop at this stage the monitoring and evaluation (M&E) **plan** based on the Logical Framework to assess the extent to which identified targets and goals are in progress or are met in later stage. Ensure that M&E plan includes the why, when and who is responsible for monitoring gender outcomes, outputs and targets. In addition, it is crucial to define responsibilities, necessary information and resources needed (financial and human resources) for the M&E phase.

#### **Gender-Sensitive Indicators**

To measure progress towards the genderrelated goals and objectives of the programme/project, an M&E plan should include **gender-sensitive indicators**. A gender-sensitive indicator is simply an indicator that measures gender-related changes in society over time. The M&E plan can benefit from the indicators that are already collected and reported on through national data collection systems.

While quantitative indicators disaggregated by sex and age are a crucial way to begin monitoring and evaluating gender differences, there are gender dimensions that can only be assessed using qualitative data to capture relevant norms, knowledge, attitudes and behaviours that reflect gender relations in that setting. If the gender dimension is not visible in the indicators at the level of outcomes, it should be explicit at the output level. See **next page** (Box 3) for more information on gender-sensitive indicators

Within UNICEF's system, progress toward outputs and outcomes will be measured with 55 indicators from the Strategic Plan 2018-2021 (48 indicators to track programme results, 7 indicators to track institutional results) and the Result Assessment Module (RAM). If it is difficult to measure with these indicators, it may be necessary to adjust existing output or outcome to reflect the new gender dimensions the programme area will now address. If there is an existing Country Programme Document (CPD), assess if the Logical Framework already have indicators that would track progress, or that could be tweaked to better reflect the gender dimensions.

#### Risks of Interventions

It is also essential that programming which is focused on women's and girls' empowerment identifies and mitigates any potential risks to women and girls which may occur, particularly in the initial stages of empowerment initiatives. 14 Women's and girls' human rights defenders and organizations also frequently face backlash (such as violent reaction of men and boys). 15 Appropriate steps must be put in place to mitigate and respond to these risks, such as supporting for network building and coordination between groups so that no one group or individual is targeted, and setting up protection mechanisms for women's and girls' rights defenders in collaboration with community, religious and political leaders.16

#### WHAT ARE GENDER-SENSITIVE INDICATORS?

Gender-sensitive indicators work to measure change for women, men, girls and boys as well as measure changes in gender equality. To this end, gendersensitive indicators:

- Support in measuring the unique benefits to and challenges (including risks) for women, men, girls and boys in the programmes;
- Measure changes in gender roles, norms, access and control (including decision-making power) over time, including changes in attitude and/or behavior; and
- Ensure that there is an explicit focus on gender equality to optimally understand the impact of the programmes/projects on women, men, girls and boys.

The first and best place to start in developing gender-sensitive indicators is with the collection and analysis of sex- and age-disaggregated data. This is fundamental to be able to describe the divergent experiences of women, men, girls and boys and to be able to measure the different impact on them.

In addition to these basic quantitative indicators, however, it is important to capture relevant norms, knowledge, attitudes and behaviors that reflect gender relations in that setting. A health programme, for example, should have some understanding of decision making in the household, women's and girls' access to resources and their mobility. An education programme would benefit from an understanding of, among other things, the gendered division of labour in the household, the priority given to girls' education, expectations regarding employment and marriage for girls and boys, and perceptions of safety and danger in the community and on the walk to school.



#### **Gender-Responsive** Budgeting (GRB)<sup>17</sup>

#### Gender-responsive budgeting (GRB)

is a gender-based assessment of budget, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures to promote gender equality. The GRB can be an effective next step after the answer to the questions: "What is the different needs, interests and priorities of women and men, girls and boys?" and "What is the different impacts of financial expenditures on the lives of women, men, girls and boys?" are revealed and examined. The equity element of GRB means that resources are allocated according to need and interest; which is not always a 50/50 split between women/girls and men/boys.

The GRB is important for moving commitments forward to gender equality and human rights and increasing the efficiency of budgets through better informed financial and human resource allocations with gender expertise. The GRB is not about creating a "women's or girls' budget" but integrating gender into "mainstream" budgets.

Through improved analysis and understanding of the differing budgetary impacts on women and girls compared to men and boys, the GRB can also increase the effectiveness and accountability of the programmes/project. In UNICEF, 15% of all programme expenditures should be allocated to advancing gender equality.

#### **Gender Impact Assessment**

In addition to gender analysis, **gender impact assessment** can be also used in this phase. Gender impact assessment is an ex and ante evaluation, analysis or assessment of a programme/project that makes it possible to identify, in a preventative way, the likelihood of a given decision having negative consequences for the state of equality between women and men, girls and boys.

The central question of the gender impact assessment is:

- · What benefit (financial, human) will the intervention bring to women, men, girls and boys?
- · What cost (financial, human) will the intervention inflict on women, men, girls and boys?
- · How do both female and male stakeholders perceive the intervention in terms of its costs, benefits, acceptability and practicality?

For more detailed information on how to conduct a gender impact assessment, see Gender Mainstreaming in Practice -Step-by-Step Guide for Gender Impact Assessment (National Commission for the Promotion of Equality, 2012).

#### **STAGE 3: IMPLEMENTATION**

#### **USEFUL TOOLS**

#### **Gender-responsive** implementation



#### Gender equality training



#### Gender awareness raising



Purpose: Implementing planned actions to transform the situation. All stakeholders involved in implementation must be gender-aware and gender-

#### **Gender-Responsive Implementation**

The implementation phase is the stage of the cycle when all previous analysis, planning and prioritisation of activities are put into practice. The focus of gender mainstreaming should not only be to correct inequity but to be a means toward creating more effective development.

ensures diverse women and men, girls and boys have access to, and meaningfully participate in programme decision making and activities. It also helps to identify and address the interests, knowledge, skills and priorities of the diverse women, men, girls

**Gender-responsive implementation** 

and boys.

Monitoring the implementation process will allow to ensure that women and men, girls and boys have equitable access to benefits as well as information

(see page 76) for possible barriers which may be encountered during the implementation phase). Monitoring of implementation also informs an improved design of future initiatives and facilitates documentation of obstacles to gender mainstreaming that can be later addressed in a wider institutional context

To ensure that gender will be integrated throughout the programme implementation, all programme/project stakeholders need to have a basic understanding of gender and know how to integrate gender into all stages of programming, ensuring that the process is inclusive and participatory for women, men, girls and boys. Scheduling periodic meetings with key stakeholders such as local women's organizations and representatives of national women's machineries is also another way to keep gender remain at the center of the programming.

During implementation, specific activities must be designed and implemented to target particular areas or issues related to women's and girls' (as well as men's and boys') empowerment within the context or sector being analysed together with confidential and gender-sensitive complaints and feedback mechanisms (i.e. hotline, complain box, social media).

#### **Conducting Gender Training**

If necessary, conduct a **gender equality training** - as part of capacity building initiatives - to raise capacity on how to integrate a gender equality dimension in each sector. It is also important that support measures are put in place, so that during implementation, difficulties can be overcome and further guidance is available. Such support includes coaching by a gender expert, supporting from an appointed gender focal point, sharing experiences, lessons and good practices

about gender, applying new learning and skills, etc. Use a participatory approach and ensure gender-balance in the training team and pair gender and sector specialists. There are many resources that can be used when conducting gender training in **Useful Resources (page 120)** in the end of this toolkit.

#### **Gender Awareness Raising**

Publications, communications and press releases might be issued during the implementation of the programme/ project to raise awareness on gender **equality**. It is important to give visibility to gender issues and avoid the use of sexist language and stereotypical or discriminatory images. Furthermore, when organizing events and conferences, it is recommended to think carefully about the list of speakers: Is there a good balance between women and men speakers?; Are women experts given sufficient attention?

#### REMEMBER DURING IMPLEMENTATION



#### Engage men and boys in efforts to achieve gender equality.

As for women and girls, men and boys have an interest in social justice and equality of rights. Also, men leaders can be powerful advocates for gender equality; engaging them can help overcome the fear of change and counter the misperception that gender is "women's issues".



#### Go beyond numbers.

The participation of women is not enough. A programme can be transformative if implementation includes educating and shifting traditional gender roles within the household. A programme can be gender-exploitative if it reinforces oppressive gender stereotypes.



#### Timing of activities.

The timing of programme activities may affect the participation of women and men, girls and boys differently. In some locations. responsibilities change with the seasons increasing or decreasing the workloads of women and men. Consider women's and girls' unpaid domestic work and care.

[Source: WFP (2017). Gender Toolkit: Gender and Implementation.]

When programme/project faces any unintended negative outcomes, it may be useful to refer to the following table of a set of gender barriers that women, men, girls and boys may face during the programme/project implementation.

## BARRIERS TO SUCCESSFUL IMPLEMENTATION 18

#### PHYSICAL BARRIERS

#### Distance



The greater the distance to services, resources or opportunities, the less physically accessible they are.

#### Location



The location of a service. resource or opportunity will influence how physically accessible it is, and there is also a security risks.

#### Infrastructure



The infrastructure around a service, resource or opportunity will influence how physically accessible it is.

#### **COGNITIVE BARRIERS**

#### **Education level**



An individual's level of education may influence their opportunity to access or understand information.

#### Language skills



An individual's language skills also influence their opportunity to access and understand information.

#### **Confidence level**



An individual's level of selfconfidence and self-worth influence their opportunity to participate in the programme (activities).

#### **SOCIAL BARRIERS**

#### **Unpaid care and** domestic work



Household chores, water and fuel collections, care for children, elderly or those who will may influence their participation in the programme (activities)

#### **Decision-making power**



The level of decision-making power an individual has will influence their access to services. resources and opportunities.

#### **Level of personal** independence



The level of personal independence or freedom an individual has will influence their level of access to services, resources and opportunities.

#### **STAGE 4: MONITORING**

#### **USEFUL TOOLS**

#### Gender-sensitive monitoring and evaluation (M&E) tools











Survevs/ **Ouestionnaires** 

Focus group Document review

Purpose: Continuous examination of progress achieved during implementation in order to track compliance with a plan and make decisions to improve performance.

#### **Gender-Sensitive Monitoring**

**Gender-sensitive monitoring** is the systematic and regular tracking of progress during planning and implementation of gender mainstreaming and it provides opportunity to understand how and why change occurs for different women, men, girls and boys and reexamine interventions and to realign objectives and methods in order to be more effective. It is needed to collect and analyse data and information using both quantitative (surveys, questionnaires) and qualitative methods (key informant interviews, focus group discussions, mapping, workshops, etc.) based on the gender-sensitive indicators that have been defined in the M&E plan, in order to verify whether intended goals and measures are being achieved. It is imperative to consider corrective actions in case obstacles, that can be immediately redressed, are identified in the process.

It is also important to ensure that the implementation of activities related to gender is followed up and reported upon. Reporting on monitoring results contributes to the learning on what works best, which is of paramount importance.

Monitoring also promotes accountability: hold those responsible for the implementation of actions accountable. For example, if a programme finds that many girls are still dropping out of school even though there is a system in place to prevent sexual harassment, there are separate toilets for girls and boys, and the provision of menstruation materials and information is present, a focus group should be organized with the girls to find out what the root cause of dropout and to respond in an effective manner to the information provided.

It is essential that diverse women and men, girls and boys are equitably represented, heard and counted in the monitoring processs, especially poor and excluded women and girls.

The following list suggests various methods to gather, record and validate information and data to conduct effective monitoring and evaluation (M&E).<sup>19</sup>

| M&E TOOLS                  | DESCRIPTION   |
|----------------------------|---|
| Surveys/Questionnaires     | Written instruments – self-administered or through an interviewer (in person, phone, internet)  |
| Interviews                 | Standardized instruments - conducted either in person or over the phone/other ICT tools – eliciting more in-depth information than a survey |
| Focus groups               | Group discussions - sample of participants brought together to provide their opinions on specific topics                                    |
| Observation                | Systematic process of recording the behavior patterns of people, objects and occurrences  |
| Document review            | Review of documentation (internal and external to programme/project)  |
| Review of official records | Review of management information system and administrative data   |
| Field visits               | A visit to programme/project site made by staff<br>and working partners (and/or donors) for purposes<br>of firsthand observation            |
| Panel surveys              | Repeated observations are derived by following a sample of persons (a panel) over time and by collecting data from a sequence of interviews |
| Census                     | An official count or survey of a population, typically recording various details of individuals   |
| Programme/project audits   | Assessment to verify compliance with established rules, regulations, procedures or mandates   |

#### **Analysis of Monitoring Data and Information**

After gathering necessary information with relevant stakeholders using M&E tools, next step is to analyse the data and information from gender perspectives. A set of following gender analysis questions help to assess gender equality outcomes towards achieving the programme objectives.

|                           | Ouestions   |
|---------------------------|---|
|                           | What is the nature and extent of women's and men's, girls' and boys' participation in the programme? What barriers to participation are being experienced? Why do the barriers exist? How can the barriers be overcome?                             |
|                           | Are some groups of women, men, girls or boys excluded from the programme? Who is not being reached? Who should be involved in, and benefiting from the programme?   |
|                           | Do women and men, girls and boys equally participate in programme decision making?  |
|                           | Are women and men, girls and boys treated with equal respect as decision makers, implementers, and participants?  |
|                           | Who is making the decisions? Does action need to be taken to strengthen the participation of women, men, girls and/or boys in decision making?  |
|                           | What factors are enabling the programme to progress towards the gender equality outcomes?   |
| Implementa-               | What factors are hindering progress towards gender equality outcomes?   |
| tion Process<br>Questions | Are the persons involved in programme implementation continually motivated to maintain a gender perspective? (e.g. through opportunities to update their gender knowledge and skills, discussion of gender issues in a non-judgemental environment) |
|                           | Have the gender knowledge and skills of programme staff – UNICEF and partners - increased? If not, what will be done to strengthen their gender competencies?   |
|                           | Has enough gender capacity building been done?  |
|                           | Do programme staff monitor budget expenditures to ensure that they are equitable and so contribute to women and men, girls and boys, benefiting from the programme?   |
|                           | Are the data systematically analysed in such a way that they capture any possible differences in the programme impact on women, men, girls and boys, and gender relations?  |
|                           | What revisions are needed to the programme strategy – Theory of Change, Logical Framework – to ensure that the programme is gender-transformative?  |
|                           | Are new gender issues emerging within the programme?  |

|                       | Questions  |
|-----------------------|--|
|                       | How does the programme affect women, men, girls and boys? If there are differences, what are they and why do they exist?                             |
|                       | Who is benefiting from the programme? How?   |
| Programme<br>Outcomes | What benefits is the programme bringing to the lives of women, men, girls and boys? Are women, men, girls and boys supportive of the programme? Why? |
|                       | What are the – positive and negative – opinions of the women, men, girls and boys involved in, and/or benefiting from the programme?                 |
|                       | Would women, men, girls and/or boys like to see changes to the programme? If yes, what changes? Why?   |
|                       | Is progress towards specific gender equality outcomes on track?<br>What are possible long-term impacts of the programme on<br>gender equality?       |
|                       | Has the programme had any undesirable effects on gender equality? For example, increased workload, incidents of violence, backlash?                  |

| Participation<br>and Decision | Questions   |
|-------------------------------|---|
|                               | Do women and girls enjoy greater participation in public forums and decision-making bodies (e.g. local committees, government bodies) where they were previously disenfranchised? |
| Making                        | Has the social status/positions of women and girls changed? Of men and boys? How? Why?  |
|                               | Have more women's and girls' organizations been established or strengthened through the programme?  |
|                               |   |

Access to and Control of Resources

#### Questions

Has women's and girls' access to and control over natural and economic assets (land, household finances, other assets) increased?

|                                      | Questions   |
|--------------------------------------|---|
| Freedom from<br>Violence and<br>Harm | Has the programme contributed to a reduction in violence against women and/or girls? Or, has the programme contributed to violence against women and girls or to women and girls fearing violence?  |
|                                      | Is implementation of the programme causing harm to women,<br>men, girls and/or boys? Are any women, men, girls or boys at risk<br>of harm because of their participation in the programme? What<br>can be done to reduce and eliminate the risks of harm? |
|                                      | Questions   |
|                                      | Has the programme contributed to changing oppressive gender stereotypes?  |
|                                      | Has the programme contributed to changing discriminatory gender attitudes?  |
| Socio-Cultural<br>Norms and          | Have the attitudes and behaviours of women and men, girls and<br>boys changed, in favour of gender equality? If no, why not? If yes,<br>how and why?  |
| Practices                            | Do women and men, girls and boys better understand how unequal power relations between them discriminate against and oppress women and girls?   |
|                                      | Is women's and girls' unpaid domestic and caring work recognized and valued?  |
|                                      | Do women and girls share the domestic workload more equally with men and boys? Do women and girls have more time for themselves?  |
|                                      | Questions   |
|                                      | Are women and girls empowered to acts as agents of change?  |
|                                      | Do women and girls feel empowered? Men and boys? How? Why? Why not?   |
| Empowerment                          | How can the programme be revised so that it is empowering for women, men, girls and/or boys?  |

[Source: WFP (2017). Gender Toolkit: Gender and Monitoring.]

Has women's and girls' self-esteem and self-confidence to participate in organizations and institutions increased?

Are women and girls able to exercise their capacity for leadership?

#### **Amending Programme/ Project Design**

When there is needs to amend the programme/project design as a result of monitoring, it is advisable to reconsider the following:20

- If any key gender issues are identified that will impact the ability of the programme/project to achieve its goals or prevent women, men, girls and boys from benefiting equally, amend the programme/project (e.g. new activities, gender indicators) to ensure that women, men, girls and boys benefit equally.
- If monitoring finds that the needs of women, men, girls and boys are substantially different in relation to the programme/project, consider if it is necessary to create a separate programme/project component focusing on women, men, girls or boys.
- If necessary, identify new relevant data that should be collected to track the gender-related programme/project impacts.
- Identify any entry points or opportunities for empowering groups of women, men, girls and/or boys through the programme/project.

#### **STAGE 5: EVALUATION**

#### **USEFUL TOOLS**

Gender-sensitive monitoring and evaluation (M&E) tools





Gender assessment scale



Gender equality marker



other interventions to understand why, and the extent to which, intended and unintended results are achieved and their impact on stakeholders.

#### **Gender-Sensitive Evaluation**

Gender-sensitive evaluation refers to the periodic and rigorous assessment of expected gender results in relation to specific objectives of the implementation of an on-going or completed programme, to determine its impact, effectiveness, efficiency, sustainability and relevance. It assesses the degree to which gender inequalities and unfair power relations change as a result of an intervention using a process that is inclusive, participatory and respectful of all stakeholders (including rights holders and duty bearers). Gendersensitive evaluation also allows to assess gaps in programming, focusing on which women, girls, men and/or boys were not effectively reached. Integrating gender into evaluations produces informed recommendations that can be used for designing and refining programmes that benefit women, men, girls and boys and advance gender equality.

There are two types of evaluation: performance evaluation and impact evaluation. Performance evaluation focuses on descriptive and normative questions: what has a particular programme/project achieved: how it is being implemented; how is it perceived and valued; are expected results occurring; and other questions that are pertinent to programme/project design, management and operational decision making.<sup>21</sup> It involves the collection of data at the start of a programme/project (to provide baseline) and again at the end.

**Impact evaluation** measures that change in a development outcome that is attributable to a defined intervention: impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change.22

Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcomes measured.23

#### **Evaluating Gender Results in UNICEF System**

In UNICEF system, there are two different tools to track the results of the interventions to achieve gender equality. Programmatic results and progresses are captured by a Results Assessment Module (RAM) under the InSight (UNICEF's performance management system). On the other hand, expenditures allocated for particular outputs are tracked through VISION (UNICEF's monitoring system) using **Gender Equality** Marker (GEM) as well as Gender Tag given for activity levels. See page 90 for more detailed information on the GEM and the Gender Tag.

Gender-sensitive evaluation should include evaluators with gender expertise, who are able to identify and apply evaluation guestions and methods which integrate a gender equality perspective. Specific indicators should also be identified and measured throughout the duration of the programme/project to ensure that it is having its intended effect. In addition to gathering this information, there must be increased accountability for the results that are found. It is crucial to analyse a programme's/project's effects and make the necessary changes to ensure that it is as effective as possible.

#### **Gender Assesment Scale**

When programmes/policies are not gender sensitive, they run the risk of causing harm, even though this may not be intentional. A diagram on page **88-89** provides a **gender assessment scale** (developed by the World Health Organizations) and criteria for assessing UNICEF's programmes/projects to fall into five levels, two of which (Level 1 Gender Negative and Level 2 Gender **Blind**) hinder the achievement of gender equality. The third level, Gender Sensitive, is the turning-point when programmes/ projects recognize the important effects of gender norms, roles and relations. Only when a policy or programme is gendersensitive can it be either **Gender Specific** (level 4) or Gender Transformative (level 5) – where the real action begins. UNICEF programming should endeavor to be Gender Specific (Level 4) or Gender Transformative (Level 5).

#### **Analysis of Evaluation Data and Information**

A set of following gender analysis questions help to assess whether gender was integrated in all phases of the evaluation process.

|                           | Questions  |
|---------------------------|--|
|                           | Does the methodology ensure collection of sex and age-disaggregated data?  |
|                           | Do the evaluation methods and tools ensure that information will be collected from women and men, girls and boys? Have the barriers to participation for different individuals and population groups been considered and addressed? For example, will women-only and menonly discussion groups be held? Is the timing of interviews and group discussions considerate of the roles and responsibilities of women and men, girls and boys?  |
| Evaluation<br>Methodology | Will the evaluation methods and tools ensure that gender-related information (beyond sex- age age-disaggregated data) is collected?  |
|                           | Do the evaluation methods and tools ensure the privacy and confidentiality of the participants and the information they provide?   |
|                           | Do the evaluation methods tools adhere to ethical codes of conduct?  |
|                           | Has gender been integrated into all questionnaires, interview guides, focus group discussion guides, etc.? What factors are hindering progress towards gender equality outcomes?   |
|                           | Do the evaluation methods ensure that discriminatory practices and unequal power relations are not perpetuated?  |
|                           |  |
|                           | Questions  |
|                           | Questions  Does the evaluation team include relatively equal numbers of women and men?   |
|                           | Does the evaluation team include relatively equal numbers of women and   |
| Evaluation<br>Team        | Does the evaluation team include relatively equal numbers of women and men?  |
| <u> </u>                  | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c)  |
| <u> </u>                  | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?   |
| <u> </u>                  | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?  Does at least one member of the evaluation team have gender expertise?  If there are gaps in the gender competencies of the evaluation team, will  |
| <u> </u>                  | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?  Does at least one member of the evaluation team have gender expertise?  If there are gaps in the gender competencies of the evaluation team, will gender training be provided?   |
| <u> </u>                  | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?  Does at least one member of the evaluation team have gender expertise?  If there are gaps in the gender competencies of the evaluation team, will gender training be provided?  Criteria   |
| Team                      | Does the evaluation team include relatively equal numbers of women and men?  Is the evaluation team culturally diverse?  Do all members of the evaluation team: (a) have a basic gender knowledge, (b) know how to integrate gender into evaluations, and (c) understand the gender issues related to the programme being evaluated?  Does at least one member of the evaluation team have gender expertise?  If there are gaps in the gender competencies of the evaluation team, will gender training be provided?  Criteria  Partner identification and partnerships included gender equality criteria.  Resources used to equally respond to women's and men's, girls' and boys' |

|               | Questions  |
|---------------|--|
|               | Have the data/information been validated by cross-referencing the different sources?   |
|               | Are all (people-related) data and information disaggregated by sex and age?  |
|               | Is equal value and consideration given to the information, opinions and ideas provided by women, men, girls and boys and their organizations?      |
| Data Analysis | If gender gaps in access, participation and/or benefits were detected, have the causes been identified?  |
|               | What do the data reveal about the programme's contribution to meeting the needs, interests and priorities of women, men, girls and boys?           |
|               | How well have activities and outputs translated into gender equality outcomes?   |
|               | What do the data reveal about the programme's contribution to gender equality outcomes?  |
|               | Have the programme results been empowering for women and girls and contributed to realising gender equality? How?                                  |
|               | Extent to which the programme  |
| Relevance     | Was informed by, and responsive to the needs and interests of, diverse stakeholders, achieved through participatory gender analysis and processes. |
|               | Aligned to UNICEF Gender Action Plan (GAP) 2018-2021.  |
|               | Identified and reinforced positive local gender equality dynamics.   |
|               | Contributed to more equality between women and men, girls and boys.  |
|               | Extent to which the programme:   |
|               | Integrated gender in all processes, procedures, tools, activities and partnerships.  |
|               | Engaged women and men, girls and boys on equal terms.  |
| F             | Strengthened the gender knowledge and skills of UNICEF staff and partners.   |
| Effectiveness | Changed practices, behaviours and power relations between women and men, girls and boys.   |
|               | Delivered outputs and achieved empowering outcomes for women, men, girls and boys.   |
|               | Transformed gender relations in favour of equality.  |
|               | Advanced gender equality.  |

|                | Criteria   |
|----------------|--|
|                | Impact of the programme in the lives of women and men, girls and boys – intended and unintended, positive and negative.  |
| Impact         | Gender equality outcomes – in policies, practices, ideas, beliefs, attitudes and across individuals, organizations and institutions.   |
|                | Changes in power, resources and workload.  |
|                | No negative effects on women, men, girls and boys.   |
|                | Extent to which the programme:   |
|                | Focused on the main interests of women, men, girls and/or boys (ownership).  |
| Sustainability | Achieved enduring change in behaviour and attitudes around gender equality.  |
| Sustainability | Integrated gender in institutions and processes – within UNICEF, in partner organizations, in local/national governments, etc.   |
|                | Increased gender-related capacities – in UNICEF, partners, community-based organizations, governance institutions.   |
|                | Increased women's and girls' access to resources.  |
|                | Extent to which the programme:   |
| Appropriate-   | Addressed the particular needs of women, men, girls and/or boys in the context/community where it was implemented, as informed by participatory gender analysis.                   |
| ness           | Used participatory methods for design, implementation, monitoring and evaluation.  |
|                | Integrated gender equality in objectives, outcomes and indicators.   |
|                | Assessed and strengthened the gender-related capacities of partners.   |
|                | Extent to which the programme:   |
| Coverage       | Equitably targeted women, men, girls and/or boys, based on context analysis and programme objectives.  |
|                | Considered and addressed the implications of targeting.  |
|                | Assessed and addressed access and exclusion.   |
|                | Extent to which the programme:   |
|                | Engaged men and boys in gender equality efforts.   |
| Connectedness  | Addressed gender equality as relevant to, and beneficial for, all individuals and groups (and not as a "women's and girls' issue").  |
|                | Integrated gender across functional areas (programme, finance, logistics, human resources, etc.) and relevant sectors (health, nutrition, education, child protection, WASH, etc.) |

## **GENDER ASSESSMENT SCALE**

**LEVEL** 

#### **GENDER NEGATIVE**

- Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations
- Privileges men (boys) over women (girls) (or vice versa)
- · Often leads to one sex enjoying more rights or opportunities than other

#### **GENDER BLIND**

- · Ignores gender norms, roles and relations
- Very often reinforces gender-based discrimination
- Ignores differences in opportunities and resource allocation for women and men, girls and boys
- Often constructed based on the principle of being "fair" by treating everyone the same

**LEVEL** 

**LEVEL** 3

#### **GENDER SENSITIVE**

- Considering gender norms, roles and relations
- Does not address inequality generated by unequal norms, roles or relations
- · Indicates gender awareness, although often no remedial action is developed

#### **GENDER SPECIFIC**

**LEVEL** 

· Considers gender norms, roles and relations for women and men, girls and boys and how that affect access to and control over resources

- · Considers women's (girls') and men's (boys') specific needs
- Intentionally targets and benefits a specific group of women or men, girls or boys to achieve certain policy or programme goals or meet certain needs
- Makes it easier for women and men, girls and boys to fulfill duties that are ascribed to them based on their gender roles

LEVEL 5

#### **GENDER TRANSFORMATIVE**

- · Considers gender norms, roles and relations for women and men, girls and boys and how that affect access to and control over resources
- Considers women's (girls') and men's (boys') specific needs
- · Addresses the causes of gender-based inequities and promote gender equality
- Include ways to transform harmful gender norms, roles and relations
- Include strategies to foster progressive changes in power relationships between women and men, girls and boys

[Source: World Health Organization (2011). Gender Mainstreaming Manual for Health Managers: A Practical Approach.]

#### GENDER EQUITY

MHM/SRHR training for design reflects findings

on safety and needs;

students and parents

perceptions and lack

of knowledge.

to tackle gendered

# Application of gender assessment scale

To better understand what each of the five categories on gender assessment scale might look like in real life, the followings are examples of the five approaches to programming as they would apply to a project which aims to mprove access to sanitation facilities for girls in schools.

# **Gender Negative**

# Perpetuates gender inequalities

boys in the school, as here are more boys Toilet block built for enrolled

# **Gender Blind**

Ignores gender norms Separate but identical collet blocks built for

addressed (e.g. urinals ooys and girls without no sex-specific needs or washing facilities). considerations and adequate privacy or safe placement

# **Gender Sensitive**

gender inequalities Separate toilet blocks Acknowledges but does not address

built for boys and girls, adequate consultation or concerns (e.g. safety, and washing facilities to reveal other needs for girls, but without with urinals for boys privacy, etc.)

# **Transformative** Gender

**Gender Specific** 

**Acknowledges and** considers women's

and men's specific

needs

Addresses the causes works to transform of gender-based roles, norms and nequalities and power relations harmful gender

parents and teachers; access to sanitary wear facilities for girls, and urinals for boys, safe and private washing

## Sex-separate toilets eachers built after consultation with or students and

Toilet blocks built for

ooys and girls, with

Transform

# Accomodate

GENDER INEQUITY

## **GENDER EQUALITY MARKER (GEM)**

#### What is the Gender Equality Marker (GEM)?

The Gender Equality Marker (GEM) is a tool to measure the extent to which intermediate results that use programme budgets contribute to the advancement of gender equality or to the reduction of discrimination and inequalities based on sex as defined by the UNICEF Gender Action Plan 2018-2021. The GEM is used by UNICEF to calculate the gender expenditure as part of the accountability to the Executive Board under Strategic Plan and Gender Action Plan. The target of 15% expenditure on gender is established in compliance the UN Systems Wide Action Plan on gender (UN-SWAP). The GEM at the output level and the Specific Intervention Code (SIC) at the activity level are the two main parameters used in calculating gender expenditure in UNICEF.

#### The UNICEF GEM:

- Provides UNICEF with an improved system of tracking resource allocations and expenditures that are made to advance gender equality and/or the empowerment of women and girls.
- Sensitizes planning teams to develop results that, to the greatest extent possible, advance gender equality and empower women and girls.
- Is applied at all levels of the organization (i.e. country, regional and HQ locations).
- Has an attribute in VISION. The attribute is placed at the level of intermediate results where the GEM will be scored.
- Is applied to programme results that receive an allocation of programme funds.

It is expected that country offices, as part of normal practice, would have supported the strengthening of gender analysis within situation analysis and other assessments that form the basis of the formulation of intermediate results.

#### How to rate GEM?

The GEM requires a rating to be given to all output results, and will indicate how much of UNICEF's work and financial resources are spent on projects and programmes that increase gender equality and women's and girls' empowerment. This involves rating every intermediate result against a **four-category scale** that ranges from **"0"** (not expected to contribute to gender equality in any noticeable way) to "3" (advancing gender equality as a principal objective of the result) as follows.

| Intermediate results:   |     |
|---|-----|
| <ul> <li>Whose principal objectives are to advance gender equality and/or<br/>empower women and girls should be rated:</li> </ul>   | "3" |
| <ul> <li>That are expected to make a significant contribution to advancing<br/>gender equality and/or the empowerment of women and girls<br/>should be rated:</li> </ul>    | "2" |
| <ul> <li>That are expected to make a marginal contribution to advancing<br/>gender equality and/or the empowerment of women and girls<br/>should be rated:</li> </ul>       | "1" |
| <ul> <li>That are not expected to make a noticeable contribution to<br/>advancing gender equality and/or the empowerment of women<br/>and girls should be rated:</li> </ul> | "0" |

#### It is important to note:

- Interventions for boys (where they are disadvantaged) may contribute to gender equality and may be rated as principal or significant.
- Results that target women and/or girls may not necessarily contribute to promoting gender equality. For example, a result that focuses on ensuring that only women have increased knowledge of child care practices does not recognize men's responsibility for caring for children.

#### Who will use the GEM?

The GEM is a hands-on tool for all staff (especially M&E officers, programme staff and gender focal points) to be used in designing gender equity programmes/projects.

#### Gender Tag (pre-filled)

To ensure transparency, avoid country offices bundling gender activities under fewer more generic outputs and to provide greater choice to country offices in selecting SICs for cross-sectoral gender activities:

- SICs will be given a gender tag. The gender tag will be pre-filled with the option for country offices to "uncheck" the tag if it is not applicable.
- The gender tag scale will have two points:
  - a. GT 0 Not a gender activity
  - b. GT 1 A gender activity

• SICs that are undeniably gender (related to targeted priorities or well-articulated mainstreaming issues), will be assigned a "1" regardless of the GEM coding of the output they are attached to.

#### **Linking GEM with Gender Tags**

Outputs will continue being rated on the GEM 4-point scale. The ratings will depend on the specific percentage of expenditures allocated to gender activities under the output in question. The GEM rating will be linked to the gender tag as follows:

Ensure that output level GEM is linked to SIC level Gender Tags through percentage of expenditures allocated to gender tagged activities. It is recommended that:

- Outputs (GEM) rated PRINCIPAL ("3") have more than 60% to 100% of gender tagged expenditures at activity level;
- Outputs (GEM) rated SIGNIFICANT ("2") should have 40% to 60% of gender tagged expenditures at activity level; and
- Outputs (GEM) rated MARGINAL ("1") should have 25% to 40% of gender tagged expenditures at activity level;
- Outputs (GEM) rated as **NONE** ("0") should have **less than 25%** of gender tagged expenditures at activity level.

#### **Gender Expenditure Calculation**

#### 1) Gender transformative expenditures

The calculation of transformative gender expenditures is a three-step process:

- Selection of expenditures for country offices' outputs marked GEM 2 and GEM 3
- Filter to only keep SICs that are tagged as gender SICs
- Count 100% of SICs expenditures under outputs GEM 3 and 50% of SICs expenditures under outputs GEM 2

The interagency benchmark on gender transformative expenditures is 15%.

#### 2) Integrated gender expenditures

UNICEF also reports integrated or mainstreamed gender expenditure. The calculation is the following:

- Count 100% of expenditures for country office's outputs marked GEM 1
- Count 50% of expenditures for country office's outputs marked GEM 2

For more detailed information on UNICEF's monitoring and evaluation of gender results, access UNICEF's Gender Sharepoint. All the gender results of each country office including gender expenditures can be accessed from InSight.

#### **GEM and Gender Assessment Scale**

The following diagrams illustrate how different levels of GEM correspond to the gender assessment scale. Again UNICEF programming should aim for gender-responsive (GEM 2) or gender transformative (GEM 3). Next page provides examples of intermediate programme results and indicates how they could be rated by GEM.

#### UNICEF GENDER EQUALITY MARKER (GEM) GEM 0 GEM 1 GEM 2 GEM 3 Not expected to make a Marginal **Significant** Principal objective to notable contribution contribution contribution advance gender equality

| WHO GENDER ASSESSMENT SCALE |               |                 |                     |                      |
|-----------------------------|---------------|-----------------|---------------------|----------------------|
| GENDER                      | GENDER        | GENDER          | GENDER              | GENDER               |
| EXPLOITATIVE                | BLIND         | SENSITIVE       | RESPONSIVE          | TRANSFORMATIVE       |
| Reinforces gender           | Designed      | Acknowledges    | <b>Examines and</b> | Promotes equality    |
| inequalities and            | without any   | but works       | addresses           | by strengthening     |
| stereotypes                 | consideration | around gender   | gender              | positive norms and   |
|                             | of gender     | differences and | inequalities        | enabling environment |
|                             |               | inequalities    |                     |                      |

#### **EXAMPLE OF GENDER EQUALITY MARKER (GEM) "3"**

Intermediate results that have advancing gender equality and/or the empowerment of women and girls as a principal objective

#### **Description:**

Gender equality and/or the empowerment of women and girls is a principal objective of the intermediate result and one of the main reasons the result was formulated. The result has corresponding indicators to measure how gender equality will be advanced.

#### **Example:**

#### Intermediate Result: Legal and policy frameworks protect girls from FGM/C

#### Indicators:

- Prevalence (percent) of FGM/C among adolescent girls
- Number of survivors of FGM/C receiving services
- Number of cases of FGM/C prosecuted
- Percentage of reported cases of FGM/C prosecuted
- Number of court decisions on FGM/C implemented

#### Rationale for rating:

The main objective of the intermediate result is to address a harmful traditional practice targeted at women and girls. The indicators measure the extent to which the issue of FGM/C is being addressed through legal and policy frameworks.

#### **EXAMPLE OF GENDER EQUALITY MARKER (GEM) "2"**

Intermediate results that make a significant contribution to advancing gender equality and/or the empowerment of women and girls

#### **Description:**

Gender equality and/or the empowerment of women and girls is not the main objective of the intermediate result. However, it is a secondary objective expected to make a **significant** contribution to advancing gender equality, with corresponding indicators to measure how gender equality will be advanced.

#### **Example:**

Intermediate Result: Increased access to safe water supply, adequate sanitation and hygiene facilities for children in 500 primary schools

#### Indicators:

• Per cent of schools with separate and lockable toilets, safe water supply, adequate sanitation and hygiene facilities for girls

#### Rationale for rating:

The main objective of this intermediate result is to increase access to water supply, sanitation and hygiene facilities for children in general in the 500 schools – there is no mention of addressing any gender gaps. However, the indicator measures the extent to which girls have access to these facilities especially to separate, lockable facilities, which can be an important factor in girls' attendance in school, particularly in the case of adolescent girls. While promoting gender equality is not the main objective of this result, it is a secondary objective in that it addresses what is often a barrier to girls' education.

#### **EXAMPLE OF GENDER EQUALITY MARKER (GEM) "1"**

Intermediate results that make a marginal contribution to advancing gender equality and/or the empowerment of women and girls

#### **Description:**

Intermediate results that make a marginal contribution to advancing gender equality and/or the empowerment of women and girls.

#### **Example:**

Intermediate Result: By the end of 2021, ministries, institutions and civil society organizations systematically monitor child rights to influence the implementation of national strategies, plans and programmes addressing poverty and exclusion of children and families

#### Indicators:

• Statistical agencies at all levels and ministries provide data, updated and disaggregated by sex, on the situation of children and young people, in line with the EU statistical framework and national strategies

#### Rationale for rating:

The intermediate result aims to monitor child rights overall, and to address poverty and exclusion of children and families – children are mentioned as a group and without reference to girls and boys and any gender disparities to be addressed. The indicator calls for statistical agencies to provide data disaggregated by sex on the situation of children and young people. However, it is neither clear what gender disparities will be analysed or monitored with this disaggregated data in relation to the result, nor how the data will be used to promote gender equality.

#### **EXAMPLE OF GENDER EQUALITY MARKER (GEM) "0"**

Intermediate results that are not expected to make a noticeable contribution to advancing gender equality and/or the empowerment of women and girls

#### **Description:**

The intermediate result is **not expected** to contribute to gender equality in any noticeable way. There are no indicators that are disaggregated by sex, measure the engagement of women, men, girls, boys, etc., nor do any of the indicators show how gender equality will be advanced.

#### **Example:**

Intermediate Result: By the end of 2021, the percentage of children from 60 prioritised municipalities who have not completed their primary education has been reduced by 6 percentage points

#### Indicators:

- Per cent of children who complete their primary education in prioritised municipalities
- Per cent of children passing their primary grades

#### Rationale for rating:

The intermediate result relates to the reduction of the percentage of children who have not completed their primary education – children are referred to as a group, and there is no mention of any targeted action for girls or boys who might be at a greater disadvantage. The indicators also monitor children as a group, not calling for disaggregated data to look at any differences in school completion or achievement between girls and boys.

#### **STAGE 6: REPORTING**

#### **USEFUL TOOLS**

Sex and agedisaggregated data



Quantitative & qualitative Information



Gender-sensitive language



Performance reporting (COAR)



Purpose: Document lessons learned and best practices related to gender mainstreaming or to showcase the gender-related results achieved to increase the visibility of efforts in this area.

#### **Accountability and** Learning

Reporting is the process of providing timely narrative and financial information during the implementation, and following the completion of the programme/project. **Gender-responsive reporting** involves explaining the situation, actions, outputs and results of a UNICEF programme for women, men, girls and boys and the contribution to gender equality outcomes.

It is also important to make evaluation publicly accessible and strategically disseminate its results to promote its learning potential. Findings, the lessons learnt, recommendations and data from the monitoring and evaluation (M&E) should be used to design the next round of interventions and programmes/projects, ensuring continued progress until gender equity is achieved.

When sharing the programme results with target women, men, girls and boys, keep in mind the followings:

- Tailor the message to the audience
  - Adapt the content and form to the target audience. Take into account language, education and literacy levels, which can differ for women and men. girls and boys. Ensure the message reaches, is understood by and engages the diverse women and men, girls and boys in the target community.
- Use multiple dissemination channels that reach women and men, girls and **boys** – Do not assume that women and men, girls and boys have the same access to the different information. channels.
- · Monitor reception and impact -Design inclusive and participatory means of collecting quantitative and qualitative information from women and men, girls and boys and their organizations.

#### Reporting on UNICEF's **Gender Results**

The UNICEE's Gender Action Plan 2018-2021 specifies two categories of results:

- 1. Results related to the targeted gender priorities as outlined in the GAP; and
- 2. Outputs related to gender mainstreaming or integration.

For "mainstreaming gender", a result must do both of the following:

- Focus on one or more outcome area results (e.g. reduced stunting, improved access to water, higher immunization rates): and
- · Advance the well-being, rights, socioeconomic position of women and/or girls, or makes their relationship with men/boys more equitable.

Each year, UNICEF reports on its performance, describing the work that has been undertaken and the achievement made against specific objectives. It is important for country offices to document their most robust achievements on gender in their annual reporting, both for assessing and supporting further work and results on gender in their country contexts, and for effective aggregation in corporate level reports to the Executive Board, donors and key partnerships.

The Country Office Annual Report (COAR) captures Gender Results in the following sections:

- 1) COAR Strategic Programme Narrative;
- 2) Result Assessment Module (RAM);

- 3) Key Performance Indicators (KPIs);
- 4) Strategic Monitoring Questions (SMQs); and
- 5) Outcome/Output Statement.

The Planning, Monitoring and Evaluation (PME) Chief and Gender Specialist/Focal Point should jointly prioritise the 1-3 key results on gender that are the strongest and show achievement at scale. The review and selection should be discussed with the Deputy Representative and included in the COAR Strategic Programming Narrative after his/her approval. The country offices should make an effort to ensure they reflect both targeted gender priorities and gender mainstreaming results in their selection.

Only 300 words are allowed under the gender equality section of the COAR Strategic Programming Narrative, and therefore this section should note the key results. Key questions to ask:

- · Who are the people being reported on?
- What are their particular situations (needs, priorities, etc.)?
- Why are their differences between women and men, girls and boys?
- · What is UNICEF doing to address the gender inequalities?
- · How well is UNICEF doing at addressing the needs and priorities of women, men, girls and/or boys?
- What else is needed?

Further details of gender results should be reflected in the Outcome/Output Statements in the COAR. Country offices are requested to provide substantial information on their gender results under the Outcome/Output Analytical Statements that correlate with their targeted gender priorities and gender mainstreaming results. It is recommended that country offices explicitly note where subsections of the Analytical Statements are reporting on and emphasizing gender results by putting in a subheading: "Gender Results". This is the best way to have the country offices' good work on gender in a given outcome area recognized in corporate reports. Country offices should report on achievements and outputs, not just activities, for coverage and reach that is at scale. See page 102-103 for more information on what constitutes good gender results in UNICEF reporting.

#### TIPS FOR GENDER-SENSITIVE COMMUNICATION



#### Communication **Products:**

For written, visual, audio and audiovisual communication products:

- ☐ Balance the number of women and men, girls and boys featured in communication products. Show diversity - gender, age, ethnicity, dis/ ability, roles, religions, rural/urban, etc.
- ☐ Include women and men, girls and boys in comparable and diverse roles. If, for example, featuring community leaders, include both a woman and a man, rather than a male leader and female housewife
- ☐ Present the views of both women and men, girls and boys, and present them as equally important and relevant. Allow similar time for women and men, girls and boys to speak. Quote both women and men, girls and boys as sources of expertise, opinions, experiences, etc.
- ☐ Challenge oppressive stereotypes. Show women and men, girls and boys in non-stereotypical roles.
- ☐ Accurately present the situations of both women and men, girls and boys; conveying similarities and differences in their situations Do not represent women and girls as inherently vulnerable. Show capacities, not only vulnerabilities.



#### **Media Messages** and Advocacy:

When sharing information, preparing media products and designing advocacy messages:

- □ Provide data provide information disaggregated by sex and age.
- ☐ Get Specific present information about the specific situations, needs and capacities of women, men, girls and boys.
- ☐ Gender Messaging include gender equality messages.
- Repeat UNICEF's Commitment to gender equality and women's and girls' empowerment as a means of achieving reaching children's full potential.

[Source: WFP (2017). Gender Toolkit: Gender and Communication.]

#### REPORTING ON THE GENDER RESULTS



#### Best Results

#### What is it?

Best results show an uptake in services, information, options and choices for large numbers of women/girls. Large numbers mean hundreds of thousands or millions, not a few hundred or a few thousand. Note that reporting on women and girls reached need not depend on UNICEF's direct service delivery but could be the outcome of work done through improved policies, financing, systems, capacity, etc., where UNICEF's contribution to the resulting beneficiaries reached is clear.

#### **Example**

If UNICEF has been systematically increasing teacher capacity and more effective resource allocation for girls' education in certain school districts. and this work is resulting in more girls attending and remaining in school, then it can be reported as girls reached.



#### **VERY GOOD**

#### What is it?

Very good results show that gendered bottlenecks for service delivery systems in sectors were addressed and their quality improved, including in response to gender specific demand for services to support more women and girls (and men and boys when applicable).

#### **Example**

If a protocol was developed and implemented for delivery rooms to have minimum WASH facilities in x number of facilities in y districts, that would be a very good gender result to report in terms of facilities and districts served that provide women convenience and dignity in giving birth. The scale criterion applies here as well. Two facilities in two districts are not a strong result, but 50 or 100 facilities in more than one district is a strong result.



#### GOOD

#### What is it?

Good results show improvements in knowledge, attitude and practices towards women/girls, or toward more gender equitable perspectives about women and men, girls and boys in large population segments. Changes in policies and laws or the adoption of national plans are worth reporting when there is clear intention to translate into real action. Plans and policies that have funds attached indicate much stronger results than unfunded policies and plans. Mobilization of financing for gender equality also constitutes a strong result.

#### **Example**

UNICEF office in x country supported development/implementation of life skills education (LSE) programmes to support transition to secondary education, covering leadership/decision making, problem solving/critical thinking, MHM, child marriage and gender/protection issues. In two districts, more than 32,000 girls benefitted and 10.000 school principals were sensitized on issues related to adolescent girls.

## INTEGRATED GENDER CHECKLIST

This comprehensive checklist supports to ensure that gender perspectives are fully integrated in each step of a programme/project cycle.

STEP 1

# **PLANNING** (ASSESSMENT AND ANALYSIS)



| NO. | QUESTIONS   | DONE |  |  |
|-----|---|------|--|--|
|     | I. ASSESSMENT What is the context-specific situation of gender equality?  |      |  |  |
|     | DATA COLLECTION   |      |  |  |
| 1.1 | What means of collecting data will be effective and acceptable with each stakeholder? Is data available sex- and age-disaggregated?   | O    |  |  |
| 1.2 | Are several methods being used - such as desk reviews, interviews and group discussions - to ensure that data and information is age- and sex-disaggregated?  | •    |  |  |
| 1.3 | Are the means of collecting data and information safe for, and perceived as being safe by women, men, girls and boys? Is it possible for women to interview women and men to facilitate all-men discussions (if that is what is appropriate and effective)? | 0    |  |  |
| 1.4 | What is the current situation of women, men, girls and boys in the sector of planned intervention? What is taken for granted? – Why?  | O    |  |  |
| 1.5 | What patterns concerning women and men, girls and boys exist?   | 0    |  |  |
| 1.6 | What are the differences between women and men, girls and boys - needs and interests?   | O    |  |  |
| 1.7 | What are the roles and responsibilities of women and men, girls and boys? Is there are a fair (paid and unpaid) workload distribution? How does the distribution impact their respective rights and opportunities?  | 0    |  |  |
| 1.8 | Do women and men, girls and boys as individuals and groups,<br>encounter differing demands and expectations linked to stereotyped<br>ideas of gender?   | 0    |  |  |
| 1.9 | Are there specific constraints, barriers and/or opportunities for women, men, girls and boys especially from different social, ethnic, economic or age groups?  | 0    |  |  |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
|      | PARTICIPATION  |      |
| 1.10 | <ul> <li>Are the range of stakeholders involved?</li> <li>Women, men, girls and boys of different ages, castes, class, dis/ability, economic status, ethnicity, religion/belief, rural/urban, etc.</li> <li>Civil society organizations (especially women- and youth-led)</li> <li>Community and religious leaders</li> <li>Government bodies</li> <li>Research institutions, specialists</li> </ul> | O    |
| 1.11 | How will the different groups of women and men, girls and boys be involved in the gender analysis?   | O    |
| 1.12 | Are there any obstacles to the participation of women and men, girls and boys in the gender analysis such as unpaid care work, level of literacy, social norms (decision making), lack of access to information, lack of self-confidence, personal safety and security, etc.? How can the obstacles be removed or, at least, reduced?  | •    |
| 1.13 | Whose voices have been heard? Whose voices have not been heard? Who else needs to be consulted? Identify and address reasons for exclusion - age, sexuality, caste, religion/belief, color, literacy, social status, wealth, mobility restrictions, etc.   | 0    |
| 1.14 | Who will analyse the data and information?   | 0    |
| 1.15 | Does the gender analysis team consist of women and men who reflect diversity among the stakeholders?   | 0    |
| 1.16 | How will the gender analysis be validated? Are the individuals or groups who review the gender analysis representative and genderaware?  | 0    |
| 1.17 | Will the tools that will be used explore the particular needs, interest, concerns, etc. of women and men, girls and boys? Will the tools enable examination of such intangible issues as inequalities, discrimination, oppression, exercise of rights and social justice? If not, how do the tools need to be improved?  | •    |

| NO. | OUESTIONS | 1 | D( | 0 | N | l |
|-----|-----------|---|----|---|---|---|

#### II. ANALYSIS

What barriers and opportunities prevent or enable gender-equal rights of women, men, girls and boys? Analyse the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis.

| ENABLING ENVIRONMENT |   |   |  |  |  |
|----------------------|---|---|--|--|--|
| 1.18                 | What are the root causes of the deprivations women and girls (and/<br>or men and boys) are facing within a programme area? What are<br>the key societal beliefs of their value in society? Is there widespread<br>discrimination based upon poverty, ethnic identity, geographic<br>location, disability, religion, caste and/or fragile and crisis conditions? | 0 |  |  |  |
| 1.19                 | What are the consequences of these differences on women, men, girls and boys in fulfillment of rights? What can be changed? How?  | O |  |  |  |
| 1.20                 | What information is available about how the identified issue affects women, men, girls and boys differently?  | O |  |  |  |
| 1.21                 | What are the distinct capacities, needs and preferences of women, men, girls and boys?  | O |  |  |  |
| 1.22                 | Are interests, opportunities and wishes of women, men, girls and boys met to an equal degree? Whose needs are not being met? Why?   | O |  |  |  |
| 1.23                 | Have all national legal frameworks and policies associated with the problem been included in the analysis? (Do they integrate a gender perspective? Are there gender equality or gender specific policies addressed to women and girls?)  | 0 |  |  |  |
| 1.24                 | How does the identified issue align with national priorities? What is the existing national capacities in response to the gender inequalities associated with the issue?  | 0 |  |  |  |
| 1.25                 | What other project, programme or policy interventions related to this issue have already happened or will be planned?   | O |  |  |  |
| 1.26                 | Has data analysis portrays the situation of diverse groups and the most marginalized?   | 0 |  |  |  |
| 1.27                 | Are there systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress?   | 0 |  |  |  |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 1.28 | What national level coordination barriers hinder the enforcement of social protections particularly in humanitarian and emergency settings?   | O    |
|      | SUPPLY  |      |
| 1.29 | What critical commodities are lacking within the delivery process of key services to vulnerable populations?                                  | O    |
| 1.30 | What lacking resources prevent access to quality services including information that has a disproportionate impact on vulnerable populations? | 0    |
|      | DEMAND  |      |
| 1.31 | What factors impede demand for access to services, resources or opportunities that disproportionately impact a specific gender?               | O    |
| 1.32 | What social norms, practices, beliefs and behaviours hinder outcomes for women and girls?   | O    |
| 1.33 | What barriers prevent continuity of services (e.g. lack of female staff, location, attitude of staff, etc.)?                                  | O    |
|      | QUALITY   |      |
| 1.34 | What are some of the quality standards that are not being adhered to that impact access and utilisation of services?                          | O    |

#### **PROGRAMME DESIGN**



| NO.  | QUESTIONS   | DONE |  |
|------|---|------|--|
|      | PRIORITISED ISSUES AND AREAS  |      |  |
| 2.1  | Does the results area align with the country office's existing or planned programme areas?  | O    |  |
| 2.2  | Does the results area fall into at least one of the GAP priorities (1-3 Targeted Priorities and/or 1-3 Gender Integration Results from the GAP)?  | 0    |  |
| 2.3  | Have women, men, girls and boys been consulted about the proposed programme? To what extent? How?   | 0    |  |
| 2.4  | Has the programme strategy addressed varying practical and strategic needs of women, men, girls and boys and vulnerable groups based on a gender analysis? For example, is the strategy concerned merely with delivering benefits to women and girls, or does it also involve their increased participation and empowerment, so they will be in a better position to overcome problem situations? | 0    |  |
| 2.5  | Are women, men, girls and boys encouraged to transgress stereotypical gender roles and behaviour through the proposed programme/project? Does the proposed programme/project diminish or challenge existing inequalities in the situation of women, men, girls and boys?  | 0    |  |
| 2.6  | What is the evidence that the strategy will contribute to achieving the objectives?   | 0    |  |
| 2.7  | Where do opportunities or entry points for change exist (that women, men, girls and boys want) and how can they best be used?   | 0    |  |
| 2.8  | Have the main recommendations for the country made by CEDAW, CRC and UPR on the issue been considered?  | O    |  |
| 2.9  | Have lessons from related programmes or synergies with other programmes been addressed?   | O    |  |
|      | BACKGROUND AND JUSTIFICATION  |      |  |
| 2.10 | Is the gender dimension highlighted in background information to<br>the intervention? Does the justification include convincing arguments<br>for gender mainstreaming and gender equality? Are these UNICEF-<br>relevant?   | 0    |  |
| 2.11 | Will the programme/project change the perceptions or stereotypes about women, men, girls and boys, and their roles in any way?  | O    |  |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.12 | What is the best way to build on and strengthen the government's commitment to women's and girls' empowerment?  | O    |
| 2.13 | Has the UNDAF prioritised this issue area? Does programme/project have the potential to contribute towards gender equality and the UNICEF Strategic Plan goals, the GAP priorities, SDGs and national policies?   | 0    |
|      | GOALS   |      |
| 2.14 | Does the goal address priority concerns, both practical and strategic needs of women and men, girls and boys that exist (from the results of a gender analysis)?  | O    |
| 2.15 | Does the goal include a broader and long-term commitment to changing the institutions, attitudes or other factors that hamper gender equality?  | O    |
| 2.16 | Are the ways in which the programme will equitably benefit women and men, girls and boys clearly stated?  | O    |
| 2.17 | Have women and men, girls and boys equally contributed to determining the programme objectives?   | O    |
|      | OUTCOMES  |      |
| 2.18 | Are benefits for women, men, girls and boys been considered within each result?   | O    |
| 2.19 | Are the need for a specific result targeted towards empowerment and rights of women and girls been considered?  | O    |
|      | OUTPUTS   |      |
| 2.20 | Have the outputs been planned with the relevance and benefits in mind for both women and men, and/or girls and boys?  | O    |
|      | ACTIVITIES  |      |
| 2.21 | Have activities or components been designed to promote gender equality and/or mitigate gender-based risks? Will activities increase women's and men's, girls' and boys' participation and decision making? How does planned activity reflect their stated needs and priorities? | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.22 | What measures will be put in place to ensure the active participation of women, men, girls and boys in all stages of the programme? Are the planned activities appropriate to roles and responsibilities of women, men, girls and boys? Recognize, reduce and redistribute the unpaid domestic and care work done by women and girls through awareness-raising, education, modern technologies, provision of services and infrastructure. | o    |
| 2.23 | Is the programme and intervention design acceptable to women and girls (as well as men and boys) in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability?  | •    |
| 2.24 | For gender-targeted programmes, are there any risks of harm to the targeted group of beneficiaries or to the population groups not directly participating in the programme? For example, an asset creation project targets women-only may increase a risk of domestic violence.   | 0    |
| 2.25 | Are there any specific activities planned to address existing gender-related inequalities or violence against women and girls, etc.?  | O    |
| 2.26 | Will intervention promote men's and boys' understanding of, commitment to, and action for gender equality?  | O    |
| 2.27 | Do activities include opportunities for raising awareness on the benefits of gender equality for all women, men, girls and boys?  | O    |
|      | TARGET BENEFICIARIES  |      |
| 2.28 | What measures are in place to ensure the active participation of women, men, girls and boys in all stages of the programme? Is there impact on workload of women/girls and/or men/boys considered?  | 0    |
| 2.29 | Do women, men, girls and boys benefit equally from the programme/<br>project, except where interventions specifically target women/girls or<br>men/boys? Aim to change structures, norms and relations in favour of<br>gender equality.   | •    |
| 2.30 | Are special efforts made to recruit participants and encourage their active participation from the underrepresented sex?  | O    |
|      | IMPLEMENTATION  |      |
| 2.31 | Who will implement the intervention? Are the implementing partners gender competent? Do partners have an explicit gender policy and been trained on gender equality issues? Do partners have gendersensitive tools and methodologies to implement in a gender-aware way?  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.32 | Will gender experts/focal point, women's and girls' rights organizations and machineries, an inter-agency gender theme group be involved in programme/project implementation?  | O    |
| 2.33 | Does the required gender and sectoral capacity exist within UNICEF?<br>Are there resources available to fill expertise gaps?   | O    |
| 2.34 | Has the needs for additional gender-related capacity building or engagement of outside gender experts been considered?   | 0    |
|      | MONITORING AND EVALUATION (M&E)  |      |
| 2.35 | Does the monitoring and evaluation (M&E) plan require all data/information to be disaggregated by sex and age?   | 0    |
| 2.36 | Does the monitoring and evaluation (M&E) plan ensure that quantitative data and qualitative information will be collected from diverse women, men, girls and/or boys; that all stakeholders can contribute to monitoring activities? For example, will refugee girls be interviewed in locations where they feel safe? Will women interview women? Has the plan accounted for women's unpaid domestic and care work? | 0    |
| 2.37 | Does the monitoring and evaluation (M&E) plan ensure that data and information will be collected on gender issues relevant to the programme and on gender equality? For example, will enumerators and facilitators receive gender training?  | 0    |
| 2.38 | Have allocations been made in the budget to ensure gender-specific data collection?  | O    |
| 2.39 | Has the monitoring and evaluation (M&E) plan been reviewed by gender experts, women's organizations and machineries?   | O    |
| 2.40 | Does the evaluation examine the impacts of programme in reducing (or increasing) gender inequalities and in the lives of women and men, girls and boys separately? Does the evaluation examine if, and how, the programme results have been empowering for women, men, girls and boys?   | •    |
| 2.41 | Does the evaluation examine how female and male stakeholders perceive the programme in terms of its costs, benefits, acceptability and practicality?   | 0    |
| 2.42 | Will monitoring and evaluation (M&E) examine both the content and process from a gender-sensitive point of view?   | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.43 | Will gender experts, women's and girls' rights organizations and machineries be involved in programme/project monitoring and evaluation (M&E)?   | 0    |
|      | INDICATORS   |      |
| 2.44 | Were the different programme stakeholders involved in formulating the indicators?  | O    |
| 2.45 | Have indicators been developed to measure progress towards the fulfilment of each objective with disaggregated baselines? Indicators should monitor and evaluate: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame. | 0    |
| 2.46 | Are there existing national indicators that could be used or adapted?  | O    |
| 2.47 | Do these indicators measure the gender aspects of each objective and<br>the gender equality impacts on the situations of women and men,<br>girls and boys, and gender relations?   | 0    |
| 2.48 | Are all people-related indicators disaggregated by sex, gender, age and other demographic factors?   | 0    |
| 2.49 | Are targets set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation)?   | O    |
| 2.50 | Do indicators capture qualitative (e.g. perceptions, opinions, observations, judgements) as well as quantitative (e.g. numbers, percentages, proportions) changes in lives of women, men, girls and boys?  | 0    |
|      | PARTNERSHIP  |      |
| 2.51 | Is there a possibility to work with other ongoing initiatives with other United Nations agencies or partners?  | 0    |
| 2.52 | Are the primary and secondary stakeholders identified, including women and men, girls and boys stakeholders and their respective roles?  | 0    |
| 2.53 | Based on a stakeholder analysis, who has the capacity to influence the programme? To what extent do they represent the interests of the diverse women, men girls and/or boys? Are they equitably consulted during the design process?  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.54 | Do the potential partner organizations have a gender policy? What is the organizations' views on gender equality and women's and girls' empowerment? What gender inequalities do the organizations identify as being particularly relevant to its work? Why?   | 0    |
| 2.55 | What are the organizations' experience (positive or negative) in addressing gender in its work? What gender knowledge and skills do the organizations have?  | O    |
| 2.56 | How aware are the organizations of broader social and political commitments to gender equality? (e.g. government policies)   | O    |
| 2.57 | Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, WASH, child protection, C4D, etc., and ensure gender focal persons/advisers are engaged to maximize the results.   | 0    |
|      | RISKS AND ASSUMPTIONS  |      |
| 2.58 | Is the assumptions that gender equality is fundamental to bringing about transformative and sustained changes in the lives of women, men, girls and boys clearly stated?   | O    |
| 2.59 | Are there formal or informal barriers to women, men, girls and boys and vulnerable groups being able to participate in programme/project design, implementation, monitoring and evaluation? Examples of barriers include: general economic conditions, legal system, sociocultural practices and traditions, institutional structures, community characteristics, political events, environmental events, etc. Which women, men, girls or boys are more exposed to the risk? | 0    |
| 2.60 | Has the potential negative impact of the intervention been considered? Could the programme perpetuate gender inequalities? (e.g. potential increased burden on women and girls, loss of access to resources or social isolation of men and boys?) How can the programme, project, etc. be revised so that it contributes to greater gender equality?   | •    |
|      | RESOURCES  |      |
| 2.61 | If gender components and activities have been included in the programme/project, do they have assigned resources - human, technical, technological, financial - listed in the programme/project budget?  | O    |
| 2.62 | Is there gender-focused resource allocation for gender equality and women's and girls' empowerment? Is it over 15% of the entire budget?   | 0    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.63 | Will it be possible to track the flow of these resources? Remember to select relevant Specific Intervention Codes (SIC) and assign the Gender Equality Marker (GEM).  | O    |
| 2.64 | Does the results area fall into a programme area that is or will be substantially funded?   | O    |
| 2.65 | Are there resource mobilization opportunities (internal and external) that will enable substantial funding so that the issue can be addressed at scale? What is the donor environment like in regards to this issue nationally and internationally?   | 0    |
|      | COMMUNICATION AND KNOWLEDGE MANAGEMENT  |      |
| 2.66 | Is there accountability mechanisms to ensure donors, partners, community-based organizations, women and men, girls and boys beneficiaries will be able to participate, receive and share information, give feedback and make complaints of interventions? Are measures in place to protect confidentiality? | O    |
| 2.67 | Will information disseminated to target population be accessible and understandable across age, gender and diverse groups? Inform women, men, girls and boys of the available resources as well as about the agency itself and how to influence the programme.  | O    |
| 2.68 | Are mechanisms in place to ensure that good practice, examples, lessons learned in gender mainstreaming is well documented?   | O    |
| 2.69 | Are there any disseminate plans in place of gender equity results of a programme/project to government, donors, partners, beneficiaries and the general public?   | O    |
| 2.70 | Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the programme design.  Think of other communication strategies for behavioural changes.                                   | O    |
|      | INNOVATION  |      |
| 2.71 | Is there scope for innovative programming to solve identified gender challenges? Consider partnerships with academia, private sector, NGO, etc.   | O    |

#### **IMPLEMENTATION**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 3.1  | Has a regular programme/project review been conducted to assess whether programme/project is making full use of both women's and men's, girls' and boys' capacity and use of gender-sensitive indicators developed during programme/project analysis and design?                        | 0    |
| 3.2  | Are gender activities and components progressing as planned?  | O    |
| 3.3  | Is progress towards any specific objectives related to women, men, girls or boys on track?  | O    |
| 3.4  | Are both women and men, girls and boys equally involved in the process of implementation?   | 0    |
| 3.5  | Is information and support to facilitate participation in the programme/project provided to women, men, girls and boys? (e.g. advance notice, transportation, childcare facilities, etc.)   | •    |
| 3.6  | What other interventions related to the identified issue are planned?   | 0    |
| 3.7  | If mitigation measures for gender-based risks were included in programme/project design, are they being implemented?  | O    |
| 3.8  | Have any gender issues arisen that were not identified at the programme/project design stage? How can they be addressed?  | O    |
| 3.9  | Have data and data analysis that portrays the situation of the most marginalized been included?   | O    |
| 3.10 | Is all the data collected during the programme/project being disaggregated by sex, age and other demographic factors (i.e. poverty, geographic location, religion, caste, etc.)?  | O    |
| 3.11 | Do the programme/project staff and partners have sufficient gender sensitivity, skills, experiences and understanding to implement the programme/project effectively? If not, there may be a need for training so that a gender perspective can be sustained throughout implementation. | O    |
| 3.12 | Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities. Ensure that commitments and actions are documented, followed and reported in a timely manner.   | 0    |

#### **MONITORING**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 4.1  | Who is responsible for monitoring and evaluation (M&E) tasks (does<br>the monitoring team include a mix of both women and men as well as<br>gender specialist/focal point)?   | O    |
| 4.2  | Does the monitoring and evaluation (M&E) strategy include a gender perspective?   | O    |
| 4.3  | How other stakeholders including women, men, girls and boys will participate in the monitoring process?   | 0    |
| 4.4  | Are the proposed activities being carried out in the manner outlined in the programme/project operational plan? Why or why not?   | 0    |
| 4.5  | When and where monitoring will take place (should note the time and availability to engage with women and girl who may otherwise be unavailable due to household/family responsibilities)?  | 0    |
| 4.6  | Are monitoring tools used that are able to assess the specific impacts of activities and outputs on women, men, girls and boys?   | O    |
| 4.7  | Are the tools and methods sufficient for collecting sensitive information? For example, asking pregnant and lactating girls about sexual violence.  | O    |
| 4.8  | Is the intervention making a difference to gender inequalities? To what extent is the intervention responsible for the measured or observed changes?  | O    |
| 4.9  | Is programme/project monitoring showing any problems?   | O    |
| 4.10 | Are women and men, girls and boys accessing programme/project benefits equally, and satisfied with the products and processes? If gender gaps are identified, investigate why these gaps are happening including identifying any root causes. | •    |
| 4.11 | Are there any unintended adverse impacts based on gender not already identified in the safeguards screening process?  | O    |
| 4.12 | Are there any adjustments need to be made to the programme activities and strategies in order to ensure that expected results are achieved?   | 0    |

#### **EVALUATION**



| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 5.1  | If gender-related results were included in the programme/project design, to what extent have these objectives been met? What are the reasons for over- or under-achievements? How can this programme inform other initiatives? | •    |
| 5.2  | Has the perception of women/girls and men/boys (norms, stereotypes and values) been at all altered during the course of this programme or project?   | 0    |
| 5.3  | What are the extent of satisfaction among women, men, girls and boys from diverse groups?  | 0    |
| 5.4  | What significant changes have occurred in women's, men's, girls' and boys' lives? Why did they occur? How likely are they to be sustained?   | 0    |
| 5.5  | What changes in policies, practices, ideas, beliefs and attitudes have occurred in specific institutions, groups and individuals? Why? Have any of the changes contributed to greater gender equality? In what areas? For who? | 0    |
| 5.6  | Has the programme contributed to transforming inequalities in the relationships between women and men, girls and boys? How? If so, for better or worse?  | 0    |
| 5.7  | Can it be scaled up? That is, can the intervention be adapted, replicated or built on to increase its reach or scope for a larger population or a different region?  | 0    |
| 5.8  | What interventions and strategies are most effective and cost-effective at addressing gender disparities in a target field/sector?   | 0    |
| 5.9  | Does the programme/project strategy reflect a gender-sensitive approach?   | O    |
| 5.10 | Are all (people-related) data and information disaggregated by sex and age?  | 0    |
| 5.11 | Were the results delivered to all key stakeholders (including women/men, girls/boys) who were affected by the problem?   | O    |
| 5.12 | Is equal value given to the information, opinions and ideas provided by women, men, girls and boys?  | O    |
| 5.13 | How did the results influence the indirect beneficiaries and wider community?  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 5.14 | Have there been any unexpected or unintentional effects (both positive and negative), including on gender relations and gender equality? What? Why did they occur?   | O    |
| 5.15 | Can the impact already be measured? Is the impact likely to be observed in the near future?  | O    |
| 5.16 | Are the benefits sustainable both for women/men and girls/boys? Did<br>the programme strengthen local capacities of diverse groups including<br>local women's and girls' groups, young groups, religious groups,<br>minority groups and groups of persons with disabilities, etc.? | 0    |
| 5.17 | Has gender equality been an essential part of the political, economic, social or cultural transformation the programme/project tried to achieve?   | 0    |
| 5.18 | What unique opportunities exist in the country to see a further improvements? Among those, which are most important for UNICEF to act on?  | 0    |

#### **REPORTING**



| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 6.1  | Have 1-3 key gender results been selected that are the strongest to report under the COAR? Do they include both targeted gender priorities and gender mainstreaming results of the GAP 2018-2021?            | •    |
| 6.2  | Does the evaluation report systematically identify issues of significance for women, men, girls and boys?  | O    |
| 6.3  | Does the evaluation report address the programme's gender equality challenges and successes?   |      |
| 6.4  | Does the evaluation report include recommendations on strengthening gender equality - in process and outcomes?   | O    |
| 6.5  | Has the evaluation report been reviewed by gender specialists to ensure that all relevant gender issues have been addressed?   | O    |
| 6.6  | Has a communication strategy been developed for informing about existence, progress and results of the programme/project from a gender perspective for learning (South to South), advocacy and funding?      | O    |
| 6.7  | Are mechanisms in place to ensure that good practice examples and lessons learned in gender mainstreaming is well documented?  | O    |
| 6.8  | Have meetings been held with internal (UNICEF staff) and external (e.g. cooperating partners, donors) stakeholders to discuss the evaluation conclusions and recommendations?                                | O    |
| 6.9  | Have the implications of the evaluation recommendations for the different stakeholders been documented?  | O    |
| 6.10 | Has feedback been received from women, men, girls and boys and their representative organizations? Has the feedback been acted upon?   | 0    |
| 6.11 | Are there any disseminate plan in place of gender equity results of a programme/project to government, donors, partners, beneficiaries and the general public?   |      |
| 6.12 | Are key gender gaps or opportunities that have been identified but were not able to address during programme/project implementation used as the basis to inform the design of future programmes or projects? | 0    |
| 6.13 | Has using innovative technology platforms been considered to communicate messaging or implement accountability and feedback mechanisms for reporting?  | 0    |

# **USEFUL RESOURCES**

| I. UNICEF'S CORE GENDER DOCUMENTS   |   |  |  |
|---|---|--|--|
| Gender Action Plan<br>2018-2021   | It specifies how UNICEF will promote gender equality across the organization's work, in alignment with the UNICEF Strategic Plan 2018–2021.   |  |  |
| Gender Action Plan<br>2014-2017   | It specifies how UNICEF will promote gender equality across all of the organization's work at the global, regional and country levels, in alignment with the UNICEF Strategic Plan 2014-2017. |  |  |
| Gender Policy 2010  | It establishes the basis for UNICEF's programme cooperation with governments and other partners to promote equality between girls and boys, women and men.                                    |  |  |
| Gender Equality Regional<br>Strategic Framework,<br>October 2016<br>(Updated July 2018) | Strategic Framework for promoting gender equality and the rights of women and girls under ECARO Regional Results, endorsed by Regional Management Team.                                       |  |  |

| II. GENDER STATISTICS AND DATABASE                                  |  |  |
|---|--|--|
| UNICEF  | <ul> <li>MICS</li> <li>Child information: Monitoring the situation of<br/>children and women</li> </ul>                          |  |
| World Bank  | <ul><li> GenderStats</li><li> Living Standards Measurement Study</li></ul>   |  |
| International Household<br>Survey Network (IHSN)                    | IHSN central survey catalogue  |  |
| United Nations Statistics<br>Division                               | <ul><li>DevInfo</li><li>Social indicators</li><li>Statistics and indicators on women and men</li></ul>                           |  |
| United Nations<br>Development Programme<br>(UNDP)                   | Human Development Report: Gender Inequality Index tracks education, economic and political participation and reproductive health |  |
| Organisation for Economic<br>Co-operation and<br>Development (OECD) | Social Institutions and Gender Index measures<br>discrimination against women in social institutions                             |  |
| World Economic Forum  | The Global Gender Gap Index calculates the relative gaps between women and men in health, education, economy and politics        |  |
| Asian Development Bank  | Gender Facts and Figures   |  |

#### **III. GENDER AND BEHAVIOURAL CHANGE**

#### **Gender Responsive Communication for** Development: Guidance, **Tools and Resources** (UNICEF ROSA, 2018)

This resource was developed with the aim to provide specific guidance on how to integrate gender dimensions in C4D efforts addressing child survival, well-being, education and protection.

**Gender Socialization during** Adolescence in Low- and Middle Income Countries: Conceptualization, **Influences and Outcomes** (UNICEF Office of Research-Innocenti, 2017)

This paper provides a conceptual understanding of the gender socialization process during adolescence, its influences and outcomes, and practical suggestions on how to use this knowledge in the design of policies and programmes to improve gender equality.

**Gender and Social and Behaviour Change** Communication Implementation Kit (Johns Hopkins University, 2017)

This website provides tools to learn about gender and social and behaviour change communication; assess existing strategy; and guide the integration of strategic improvements.

#### IV. ENGAGEMENT OF MEN AND BOYS

**Gender Equity and Male Engagement: It Only Works When Everyone Plays (International Center** for Research on Women (ICRW), 2018)

In this brief, ICRW provides an overview of the field and guidance for stakeholders to support the funding, design and implementation of programming that effectively engages men and boys in creating sustainable gender norm transformation

**Engaging Boys and Men** in Gender Transformation: The Group Education Manual (Promundo, 2008)

This document provides guidance for working with men to question non-equitable views about masculinity and develop more positive attitudes to prevent unhealthy behaviours that put them and their partners and families at risk.

**IMAGES Survey** (Promundo and the International Center for **Research on Women** (ICRW))

The International Men and Gender Equality Survey (IMAGES) is one of the most comprehensive studies ever on women's and men's practices and attitudes as they relate to gender norms, attitudes toward genderequality policies, household dynamics including caregiving and men's involvement as fathers, intimate partner violence, health, economic stress and more.

#### V. GENDER AND M&E

The UN Women **Evaluation Handbook:** How to Manage Gender-**Responsive Evaluation** (UN Women, 2015)

This toolkit is a practical handbook to help those initiating, managing and/or using gender-responsive evaluations

**Integrating Human Rights** and Gender Equality in Evaluations (United **Nations Evaluation Group,** 2014)

This report was as an in-depth guidance handbook to serve as a field guide to improve human rights and gender equality responsive evaluation throughout the UN system. It outlines practical steps on how to prepare, conduct and use human rights and gender equality responsive evaluations.

#### VI. GENDER AND SITUATION ANALYSIS

**Gender Programmatic** Review Tools (UNICEF HQ, **Gender Division, 2018)** 

The tool contains guidelines on quality assurance checklists for gender integration in Country Programme Document (CPD), Programme Strategy Note and Situation Analysis as well as Gender Programmatic Review Tools and best practices on gender integration.

Step-by-Step Guidelines to the Multiple Overlapping **Deprivation Analysis** (MODA) (UNICEF, 2012)

This is a practical guidance on Multiple Overlapping Deprivation Analysis (MODA) which is a UNICEF's methodology to provide a comprehensive approach to the multidimensional aspects of child poverty and deprivation.

A Guide to Gender-**Analysis Frameworks** (Candida March, Ines A. Smyth, Maitrayee Mukhopadhyay, 1999)

This is a guide to all the main analytical frameworks for gender-sensitive research and planning.

#### VII. GENDER BUDGETING

**Gender Responsive Budgeting in Practice: A Training Manual** (UNFPA and UNIFEM, 2010) The manual seeks to build understanding of Gender Responsive Budgeting as a tool for promoting gender equity, accountability to women's rights, and efficiency and transparency in budget policies and processes.

**Gender Responsive Budgeting: Analysis of Budget Programmes from Gender Perspective** (UN WOMEN, 2016)

This document provides a guideline for carrying out the different steps of Gender Responsive Budgeting analysis which is a basis and starting point for further work to make policies and budgets more gender responsive.

#### VIII. GENDER AND HUMANITARIAN

The Gender Handbook for Humanitarian Action (Inter-Agency Standing Committee (IASC), 2017) The handbook provides practical guidance for humanitarian workers to mainstream gender equality into humanitarian action across sectors. It also aims to place protection at the centre of humanitarian action, with an age, gender and diversity approach as the core element of fair and equal protection.

**Training Manual:** Gender Leadership in **Humanitarian Action** (OXFAM, 2017)

This training manual supports the institutionalization of gender equality and women's rights in all humanitarian action and aims to train gender leaders who can influence changes in policy and practice at different levels across the humanitarian system.

**OCHA Gender Toolkit** (OCHA, 2012)

This toolkit provides guidance on how to incorporate gender into humanitarian work. Included are definitions of key gender terminology as well as practical tips, examples and a step-by-step framework for assessing and addressing gender issues within the OCHA's programme.

The Effect of Gender **Equality Programming on Humanitarian Outcomes** (UN WOMEN, 2015)

This report presents the findings of research, based on interviews with more than 2,000 crisis-affected households gathered for case studies conducted in four countries. The report presents overall findings, and discusses practical recommendations for integrating gender equality programming in future humanitarian interventions in ways that strengthen effectiveness and inclusiveness.

#### IX. TOOLKIT ON GENDER

**Tool Kit on Gender Equality Results and Indicators** (Asian Development Bank and Australian Aid, 2013)

The tool kit presents a menu of gender equality outcomes, results and indicators that may be selected or adapted by users.

| Engendering<br>Transformational Change,<br>Save the Children Gender<br>Equality Programme<br>Guidance & Toolkit<br>(Save the Children, 2014) | This programme guidance and toolkit explains why gender mainstreaming is critical; who affects and being affected by gender; and how to mainstream gender equality.   |
|--|---|
| Making Joint Gender<br>Programmes - Guide for<br>Design Implementation,<br>Monitoring and Evaluation<br>(UNDP, 2013)                         | This guide aims to help the UN system, including UN Country Teams, Gender Theme Groups, UN entities and national stakeholders to improve the development, implementation, and monitoring and evaluation of joint gender programmes.   |
| Gender Mainstreaming<br>in Development<br>Programming<br>(UN WOMEN, 2015)  | This document provides general principles for implementing gender mainstreaming at the country level; describes the substantive and technical programming aspects of gender mainstreaming at the country level drawing on good practices; and examines changes related to more gender-responsive organizations. |

| X. E-LEARNING ON GENDER                                     |  |  |  |  |
|---|--|--|--|--|
| The Global Human Rights<br>Education and Training<br>Centre | Offers low-cost e-courses in such topics as gender-<br>responsive budgeting and engaging men and boys in<br>gender equality programming. |  |  |  |
| UNICEF Agora Online<br>Training                             | UNICEF's free hub for learning and development.<br>Interagency courses with topics such as Gender<br>Equality, UN Coherence and You.     |  |  |  |
| UN Women Training<br>Centre                                 | The UN Women Training Centre eLearning Campus is a global and innovative online platform for training for gender equality.               |  |  |  |

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ECARO GUIDANCE ON GENDER RESULTS AND REPORTING FOR FLAGSHIP RESULTS







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# INCLUSIVE QUALITY EDUCATION AND EARLY LEARNING

**ECARO Guidance on Gender Results and Reporting for Flagship Results** 



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# SECTION 1

**GENDER-RESPONSIVE RESULTS-BASED MANAGEMENT** 

The first section of this toolkit on the flagship result was designed to provide guidance on applying a gender-responsive approach to results-based management.

To skip to Section 2 of the Technical Guidance, go to page 46.



#### **Why Gender Matters**

The section begins with an introduction to the ECA context and addresses the critical gender barriers prevalent in the region that pertain to education and learning outcomes. A short set of reflection questions is included for each priority gender issue. Additional data in form of graphs as well as country highlights also substantiate a discussion of the issue. If you prefer to go straight to the gender barriers, go to page 17.



#### Other Global and Regional Sectoral Guidance

Should you wish to consult other gender guidance, the resources that are highlighted here will take you directly to the most recent global guidance for gender mainstreaming in the Situation Analysis phase, in the development of Programme Strategy Notes, the preparation of the Country Programme Document, or the undertaking of a Gender Programmatic Review which includes a toolkit.

Other regions – ESARO, EAPRO, and ROSA – have also developed gender guides or briefs tailored to their regions. Other regions can also offer useful examples by sector, GAP area, or a specific programmatic focus. It is worth noting that the ROSA Gender Toolkit was the precedent to the ECARO Gender Toolkit and was therefore adapted to the context of the ECA region.



#### **Gender Results That Can Be Achieved**

Here is an articulation of possible gender outcomes or results that ensue when systematic attention is drawn to gender disparities. Gender results are formulated for "boys and girls," "care and support of all children," which represent the Gender Action Plan (GAP) themes for gender integration in programming, and "adolescent girls' empowerment," representing the Targeted Gender Priorities in the GAP. Throughout the document, you may also find examples of gender results from specific subregions or country offices under "Country Highlights."



#### A Gender-Responsive Theory of Change

An illustration of a gender-responsive theory of change, in a simple format (without multiple levels of causality) is provided for a sample programme outcome with relevance to a particular sub-region.

This is followed by a set of gender-responsive output statements at four levels: enabling environment, demand, supply and quality. Of the four examples, two of them are further broken down to show how the statement would change along the continuum from gender-negative to gender-transformative.



#### **Choosing Indicators**

A menu of indicators that are aligned with the Gender Action Plan priority areas with their associated SIC codes and GEM marker ratings, relevant to this particular flagship result, is provided for easy referral.



#### **Useful Resources**

The resources listed here will help navigate you to other reference guides, data, and reports relevant to gender integration for this flagship result. This set of resources is not intended to be as comprehensive as a literature review; it is a short list of the most relevant documents that complement this guide in their analysis, empirical evidence, or instructional depth.

#### **REGIONAL FLAGSHIP RESULT**

#### **Current outcome statement:**



By 2021, 700,000 out-of-school girls and boys are enrolled in high



#### **Sub-targets:**

**400,000** additional children enrolled in pre-primary education

**300,000** reduction in the number of out-of-school children of



#### WHY GENDER MATTERS

#### Introduction to the ECA Regional Context<sup>1</sup>

#### **Cross-Country Statistics for Out-of-School Children**

In the Europe and Central Asia (ECA) region, 11 million children of pre-primary, primary and secondary school age are out-of-school and out of learning.<sup>2</sup> The gaps in access to schooling are seen most clearly at two ends of the education spectrum: in preprimary and in upper secondary education. A total of 3.5 million children of primary and secondary school age are out-of-school. Many factors are responsible for these figures including poverty and social exclusion, gender inequality and disability. A further 1.3 million children aged one year before primary entrance age (typically 5 or 6 years old), and if considering the full cycle of pre-primary education, it may be up to 7.8 million for that entire school age group (typically age 4-6).3

Children missing out of quality pre-primary education, and out-of-school children and adolescents of primary or secondary age face multiple deprivations, and are typically from poor, rural households; may have disabilities; be from Roma communities; or have a migrant or refugee background.



#### **Pre-primary Education**

High-quality, inclusive pre-primary is the foundation for successful transition for school and future learning, especially for the most marginalized. Much progress has been achieved in some countries (Ex. most countries in the Western Balkans, Moldova and Kyrgyzstan), while the target remains distant for others (Ex. Bosnia and Herzegovina and Tajikistan). In a number of countries, the collapse of pre-primary school infrastructure in the early transition years has not yet been restored.<sup>4</sup> Pre-primary education is generally affected more by poverty than is the case for primary and lower secondary education.<sup>5</sup> In

<sup>&</sup>lt;sup>1</sup> Much of this section is drawn from the Summary Description of the Flagship Result on Learning.

<sup>&</sup>lt;sup>2</sup> Internal calculation based on UNESCO Institute for Statistics Database. Extracted 30 September 2018. For school year ending 2017. Regional averages for ECA exclude the Russian Federation, and do not include Kosovo (UNSCR1244).

<sup>&</sup>lt;sup>3</sup> Regional averages for the out-of-school population of the entire pre-primary cycle (ISCED 02) are not produced by UIS. The 7.8 million estimate was reached by taking the ECA pre-primary school age population subtracted by the number of pupils enrolled in pre-primary education in ECA, excluding Russian Federation. All other regional out-of-school figures (one year before primary entrance age, primary age and secondary age) are extracted from UIS and Russian Federation is excluded.

<sup>&</sup>lt;sup>4</sup> UNICEF ECARO. "Mind the Gap: Gender Report of Europe and Central Asia Regional PISA 2015 Results." Regional Forum on Sustainable Development. Geneva: UNICEF ECARO, 2019, p. 185.

<sup>&</sup>lt;sup>5</sup> Bosnia-Herzegovina, Kosovo and Turkmenistan not included as data are older than 2014. Source: UIS, 2014-2018.

all countries, improvement is needed in the quality of pre-primary, and in the expansion of pre-primary education enrollment for younger children (typically 4 and 5 years old).



#### **Primary School Education**

After Sub-Saharan Africa, Central Asia has the highest *proportion* of primary-age out-of-school children who are expected to never enter school, at 51 percent,<sup>6</sup> which is plausibly over-represented by children with disabilities. Romania, Ukraine and Turkey together account for 73 percent or nearly three-quarters of the total set of primary school-age children out-of-school.<sup>7</sup> In terms of the rates of OOSC at primary school level, Moldova, Romania, and Macedonia show the highest rates at over eight percent.<sup>8</sup>



#### **Lower and Upper Secondary School Education**

Generally in the region, transition rates from primary to lower secondary are high, with the exception of Ukraine (at 91.1 percent) followed by Bosnia-Herzegovina at 96.9 percent.<sup>9</sup>

In terms of the percentage of secondary-age out-of-school children, many of the countries in the region actually experienced a downward trend in the rate over the decade leading up to 2010. More recently, Moldova has a significantly higher rate than other countries, at 14.87 percent.<sup>10</sup>

With regard to absolute numbers of *lower* secondary-age out-of-school children, just two countries account for three-quarters of the total number in the region – Turkey and Uzbekistan.<sup>11</sup> In these two countries combined, more than half a million children of lower secondary-school age are out-of-school.

Rates of OOSC for *upper* secondary school age children are the highest for Moldova, Kyrgyzstan and Romania at over 22 percent.<sup>12</sup>

<sup>&</sup>lt;sup>6</sup> Mind the Gap (2019),p. 2.

<sup>&</sup>lt;sup>7</sup> See: http://data.uis.unesco.org/. The most recent data available for each country were utilized. Countries with 2018 data: Kazakhstan; 2017: Albania, Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, Uzbekistan; 2016: Bulgaria, Croatia, Romania, Turkey; 2015: Former Yugoslavia; and 2014: Ukraine.

<sup>&</sup>lt;sup>8</sup> Recent data not available for Bosnia & Herzegovina, Kosovo and Turkmenistan.

<sup>&</sup>lt;sup>9</sup> Data for Albania, Armenia, Azerbaijan, Bulgaria, Croatia, Georgia, Tajikistan, Turkey, and Uzbekistan older than 2014 and not included.

<sup>&</sup>lt;sup>10</sup> Data not included for Bosnia & Herzegovina, Macedonia, Kazakhstan, Kosovo, Tajikistan and Turkmenistan as data are older than 2014.

<sup>&</sup>lt;sup>11</sup> UIS 2014-2018 data. Data not included for Bosnia and Herzegovina, Kazakhstan, Kosovo, Tajikistan, Macedonia, and Turkmenistan due to data being older than 2014.

<sup>&</sup>lt;sup>12</sup> Data not included for Armenia, Azerbaijan, Bosnia & Herzegovina, Kosovo, Tajikistan, Macedonia, and Turkmenistan, as data are older than 2014.

As for absolute numbers of out-of-school children, Turkey, Uzbekistan and Romania account for the largest share of the total.13

Upper secondary is the level where compulsory schooling stops and where students tend to drop out. Adolescents of lower secondary-age are in most cases unlikely to return to school, if they drop out, and are permanently excluded from education.<sup>14</sup>



#### Children At Risk of Being Out-of-School

While gender disparities are discussed in the next section, it is worth noting disparities exist for certain population groups:15

- Children from ethnic and/or linguistic minorities. The largest equity gap in access to education exists between the Roma, a disadvantaged ethnic group, and non-Roma.
- Children affected by conflict, including refugee and migrant children.
- Children with disabilities and special education needs. The former are either outof-school or at risk of dropping out; the latter who do attend school are mostly relegated to special schools. Children with disabilities are 17 times more likely to be in institutionalized care.
- Children from the poorest households. They are more likely to drop out to work and support their families. Many Roma communities count among them.
- Working children or children (aged 5 to 14) engaged in some form of child labor. It affects most countries in the region on a range of 0.9 percent in Romania to 32.4 percent in Moldova.16
- Children belonging to multiple out-of-school risk groups. An example is the Lyuli ethnic minority group in Kyrgyzstan, an excluded group that is very poor and involved in child labour from an early age. Only 40 percent are enrolled in school.
- Other at-risk groups include overage children and those with low performance in school.



#### **Poverty-based Inequities**

Within-country differences are often greater than between-country differences and reflect the complexity of addressing the problem of out-of-school children. Countries

<sup>&</sup>lt;sup>13</sup> Data not included for Armenia, Azerbaijan, Bosnia & Herzegovina, Kosovo, Tajikistan, Macedonia, and Turkmenistan due to data being older than 2014.

<sup>&</sup>lt;sup>14</sup> UNICEF. "Education Equity Now! A Regional Analysis of the Situation of out-of-school Children in Central and Eastern Europe and the Commonwealth of Independent States." UNICEF Regional Office for CEE/CIS, 2013, p. 72. <sup>15</sup> UNICEF Regional Office for CEE/CIS, (2013), pp. 75-87.

<sup>&</sup>lt;sup>16</sup> UNICEF Regional Office for CEE/CIS, (2013)., p. 83. This comes with the caveat that the data cited in this report are from various years and sources with no standard definition of child labor.

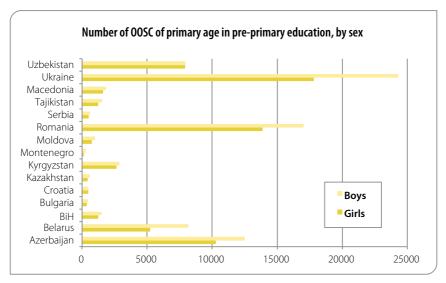
like Georgia, which is considered a higher-income country in the region, has a rate of lower secondary-age out-of-school children that is higher than that of Tajikistan and comparable to that of Kyrgyzstan; this is due largely to its higher income inequality with high poverty levels.<sup>17</sup> Poverty levels can vary significantly within countries, between different regions and between urban and rural areas. In rural areas poverty levels are often much higher, such as in Turkey where more than twice as many live under the poverty line in rural areas. 18 In the countries that participated in the regional analysis of the situation of out-of-school children, the noted gap in school conditions favors the socio-economically advantaged over socio-economically disadvantaged schools.<sup>19</sup>

#### Sex-disaggregated Statistics on Out-of-School Children



#### **Pre-primary school education**

Data for pre-primary as shown in the graph below indicate that countries are not far from gender parity in enrollment with a few exceptions – Ukraine, Romania, Belarus and Azerbaijan.<sup>20</sup> As noted earlier, pre-primary schooling is a gap for all children in light of the declining infrastructure after the dissolution of the Soviet Union and for regions with higher poverty levels.



Source: UIS, 2015-2018

<sup>&</sup>lt;sup>17</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 114. This is 2011 data.

<sup>18</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 114.

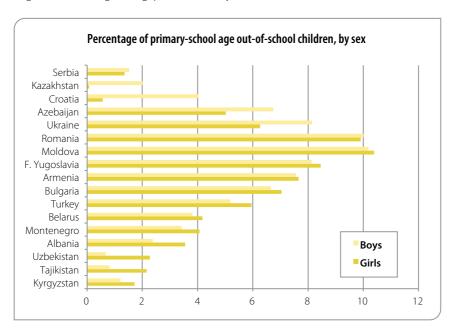
<sup>19</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 135ff.

<sup>&</sup>lt;sup>20</sup> Data not available for Armenia, Georgia, Kosovo, Turkey and Turkmenistan (or earlier than 2014).



#### **Primary school education**

Gender disparities in out-of-school children at primary school age are a disadvantage to girls in some countries and to boys in others. Eleven countries have more girls out-ofschool, six have more boys out-of-school. The widest gender disparity is Croatia in favor of girls. The widest gender gap in favor of boys is in Uzbekistan.



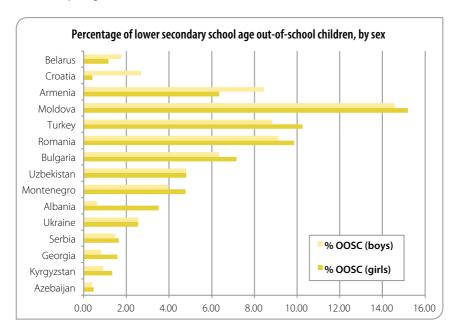
Source: UIS, 2014-2018<sup>21</sup>

<sup>&</sup>lt;sup>21</sup> 2018 data: Kazakhstan; 2017 data: Albania, Armenia, Azerbaijan, Belarus, Kyrgyzstan, Moldova, Montenegro, Serbia, Tajikistan, Uzbekistan; 2016 data: Bulgaria, Croatia, Romania, Turkey; 2015 data: Former Yugoslavia; 2014 data: Ukraine



#### Lower secondary school education

It is at age 13 that large numbers of children start to drop out-of-school. Among the 15 countries for which data were available, the biggest gender disparity of disadvantage to girls exists in Albania (3.52 percent of girls are out-of-school compared to 0.53 percent for boys) and the disparity of disadvantage to boys is in Croatia (2.68 percent of boys are out-of-school compared to 0.41 percent of girls).<sup>22</sup> See graph below. Both girls and boys are affected by different societal pressures that tend to increase, as they get older. Poverty also plays a part in the difference and because of socio-cultural norms, the effects play out differently from one country to the next. Poverty also tends to affect older children more than younger children<sup>23</sup> (see next section on Gender Issues).



Source: UIS, 2014-2018

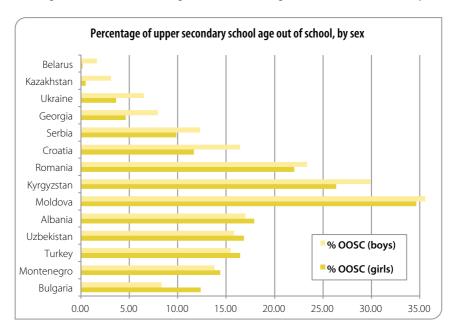
<sup>&</sup>lt;sup>22</sup> Data not included for Bosnia & Herzegovina, Macedonia, Kazakhstan, Kosovo, Tajikistan, and Turkmenistan, as the data are older than 2014.

<sup>&</sup>lt;sup>23</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 62.



#### Upper secondary school education

The gender disparities as shown in the graph below reflect the population of children of upper secondary school age who are out-of-school. Out-of-school rates are highest at this level. Of the 14 countries for which data are available from 2014 onwards, five countries have higher rates of out-of-school girls and nine have higher rates of out-of-school boys.<sup>24</sup>



Source: UIS, 2014-2018



#### **Intersectional Data for Other Population Groups**

- Roma children are far less likely to be enrolled in and complete primary and secondary education, and there is evidence to show that gender differences are much higher. See also the regional highlight on Roma communities below.
- Working children or children aged 5 to 14 both girls and boys are involved in child labour but gender disparities in going to school differ. As an example, in Turkey girls are much more likely than boys to be out-of-school and in Romania, it is the reverse.<sup>25</sup>

<sup>&</sup>lt;sup>24</sup> Data not included for Armenia, Azerbaijan, Bosnia and Herzegovina, Kosovo, Tajikistan, Macedonia, and Turkmenistan as data are older than 2014.

<sup>&</sup>lt;sup>25</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 84.

• Children with disabilities. Sex-disaggregated for a sampling of countries in the region shows that girls with disabilities are nearly twice as likely not to be in school as boys.<sup>26</sup>

#### **Regional Highlight**

#### **Roma Communities**

The largest ethnic minority group in this region, the Roma population continues to suffer disadvantage in almost all aspects of social and economic development. The disparities in education between the Roma communities and the majority population remain significant and gender disparities with the Roma settlements generally favor boys.

- In **Kosovo**, for example, primary school completion rate for the Roma is only a third of the national rate at 29.3 percent compared with 97.3 percent at national level. The adjusted net attendance ratio at secondary school level is 7 percent for boys and 4.2 percent for girls compared to 92.3 and 89.4 for boys and girls respectively at national level.
- In Serbia, the comparison of primary school and secondary school rates between the national level and for Roma settlements shows a similar pattern. The adjusted net attendance ratio for the Roma is 84.9 percent compared to 98.5 percent at national level; at secondary school level, the ratios are 21.6 percent vs. 89.1 percent respectively. At secondary school level, there are twice as many girls as boys not attending, with an adjusted net attendance ratio of 14.9 percent for girls and 28.0 for boys.
- In **Bosnia-Herzegovina**, the gender parity index for primary school and secondary school was 1.00 and 1.03 nationally and for Roma settlements, 0.96 for primary school but only 0.68 for secondary school, indicating a strong disadvantage for girls at secondary school level.

Source: MICS data , 2013-2014 for Kosovo, MICS data 2011-12 for Bosnia-Herzegovina, and MICS data 2014 for Serbia.

<sup>&</sup>lt;sup>26</sup> See http://transmonee.org/dashboard/Transmonee2018#/ . Samples taken for Armenia, Bulgaria, Croatia, and Georgia.

#### **Gender in Context**

#### The Relevant Gender Barriers

All five gender bottlenecks and barriers to the right have relevance to the education sector in the region, albeit not to all countries equally or in the same manner. A summary of the priority gender issues discussed below in their relationship to the gender barriers is presented here.

Safety and security on the way to school and in school are seen as a barrier to girls in Taiikistan, but for many countries in the region, it is the fear on the part of parents that girls will fall prey to sexual relationships with boys or male teachers in school, thereby becoming the reason they are taken out-of-school. Child marriage, as a harmful gender norm, often takes its place. Boys and girls are socialized into unequal power relations from a young age. Girls experience more limited opportunities over the lifecycle, reinforced by gender discriminatory practices in education and the marketplace. Because boys are expected to be the breadwinners. they too are susceptible to drop out but for economic reasons. It is especially noted among migrant children that boys drop out-of-school to engage in child labor and girls drop out due to child marriage.

# **Priority Gender Issues and Key Questions**

Owing to the diversity and sheer number of countries in the region, the gender issues included here below reflect the more frequently reported issues. They do not necessarily reflect the situation for all countries.

# **GENDER BOTTLENECKS AND BARRIERS**



Lack of safety and mobility



Lack of resources and decision making



Limited access to knowledge, information and technology



Gender division of labour between women and men, girls and boys



Masculine and feminine ideas and expectations

# Discriminatory gender norms

In many of the countries in the region, a girl's education is not as highly valued as a boy's. Parents see girls as future housewives and mothers, while boys are considered the breadwinners and household heads. In Central Asia. masculine and feminine ideals are clearly defined – girls as obedient and not demanding; boys as stronger and more aggressive – leading to unequal power relations and fewer opportunities for girls.<sup>27</sup> After leaving school, girls and young women (aged 15-24 years) are more likely than males the same age to not access

<sup>&</sup>lt;sup>27</sup> Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 50.



# Gender Socialization and its Relevance to Education

Gender socialization refers to the processes by which individuals (especially children and adolescents) internalize, or take on, those informal rules or shared beliefs shaped by gender norms.

Even prior to birth, gender identity is shaped by parents' expectations for how a boy or a girl should be treated and behave. Through adolescence, boys and girls are influenced in various ways by friends, family, peers, and society to conform to gender norms. In this way, patriarchal attitudes and practices condoning forms of violence against girls/women by boys/men are perpetuated. Boys are inured to their role as breadwinners and, at the same time, to control and dominance over the opposite sex. Gender norms such as these directly affect the education of girls and boys and, on a broader scale, impede the development of generations to come.

Sources: Mapping of UNICEF's Investments in Gender Socialisation in Europe and Central Asia; How Traditional Masculine Roles Harm Boys and Men

In some of the Central Asia countries, adverse gender norms are having a comeback, such as arranged marriages, child marriage, bride kidnapping, the practice of women wearing a veil and patrilocality. These mainly affect adolescent girls in secondary school. Their freedom is more restricted after reaching puberty.<sup>29</sup>

Similarly, the expectations of boys to become breadwinners push them to drop outof-school to work and support their families, particularly in countries like Armenia and Belarus where drop out rates are higher for boys who become employed in unskilled jobs requiring few educational qualifications.<sup>30</sup> Roma communities also emphasize boys' role in helping with economic activities, while girls stay home to do domestic chores and take care of children

#### **QUESTIONS**



- **1.** How are education programs integrating gender socialization, starting from early childhood education?
- **2.** How are child marriage studies informing education programming from within a broader perspective on harmful gender norms?
- **3.** What are effective advocacy programs in the region seeking to transform parent attitudes on the value of education and in shifting their views on gender roles?

<sup>28</sup> Ibid., p. 83.

<sup>&</sup>lt;sup>29</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 107.

<sup>&</sup>lt;sup>30</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 109f.

#### **Child labor**

Both girls and boys are engaged in child labor, increasing their risk of being out-of-school or dropping out. In this region, poverty is closely linked to child labor, and children who have to work have more difficulty in allocating time to their studies or in concentrating in school.<sup>31</sup> Girls are more likely to work in the home and take care of siblings, while boys are more likely to be engaged in physically heavy work. The gender disparities in schooling for this group of children differ by country. In Turkey girls are much more likely than boys to be out-of-school (at 64 percent), if engaged in child labor, and in Romania, boys are twice as likely to be out-of-school compared to girls for the same reason (33.1 percent compared to 16.6 percent).<sup>32</sup> Rural / urban differences also prevail over the likelihood of child labor and the kind of work they do. In rural areas, work in the agricultural sector may be unpaid, while in urban areas, as in Tajikistan, older boys are employed as construction laborers and girls as servants, waitresses and dishwashers.)<sup>33</sup> Using the example of Turkey, the ratio of out-of-school children involved in household chores (unpaid work) is higher for girls, at 56.2 percent, compared to boys, at 17.1 percent.<sup>34</sup> More generally in the region, the highly gendered division of labor contributes to the greater risk of girls being vulnerable to trafficking for the purpose of forced domestic or child care work or sexual exploitation.35

<sup>31</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 16.

<sup>32</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 84.

<sup>33</sup> UNICEF Regional Office for CEE/CIS, (2013),, p. 84.

<sup>34</sup> UNICEF, and UNESCO Institute for Statistics. "All Children in School by 2015. Global Initiative on Out-of-School Children: Turkey Country Study." Global Initiative on Out-of-School Children. Turkey: UNICEF, March 2012, pp. 37-38. 35 Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 108.

# **Country Highlight**

# **Turkey**

UNICEF has supported the Ministry of Family, Labour and Social Services (MOFLSS) to implement a Cash Transfer for Education (CCTE) programme to encourage enrollment and improve school attendance among Syrian and other refugee children. Cash transfers are reaching 410,740 children from kindergarten to high school age and helping those who are out-of-school to return to formal education. Cash amounts taken into account the drivers of drop out that impact girls differently from boys, such as child marriage.

The CCTE Programme includes a strategic child protection component, implemented in collaboration with the MOFLSS and the Ministry of National Education to ensure the most vulnerable children at risk of drop out or out-ofschool can also be referred to child protection services. This programme is fully operational in 15 provinces and reached 53,561 refugee children (49% girls), including 4,853 refugee children (43% girls) with medium or high protection risk who were referred to specialized services. Work continues to ensure the sustainability of this service and its integration into the developing national social services outreach system in partnership with the MoFLSS.

#### **OUESTIONS**



- 1. Are there conditional cash transfer for education programmes preventing child labor and drop out of girls but especially boys that can be scaled?
- 2. What are the data gaps in the region for understanding the extent to which child labor exists for boys and girls, including girls' unpaid domestic work, as the driver for school drop out and the age at which this occurs for girls and boys?
- 3. How successful are programs targeted at combating child labor in re-integrating girls and boys back into school?

## Intersection with poverty

When combined with poverty, gender barriers increase the likelihood of being excluded from education. Even the abolition of fees for compulsory education may not be sufficient, as the indirect costs - transportation, school uniforms, and education materials - are prohibitive for many of the poorest households. Social assistance benefits in the region for families and children tend to be very small and do not provide adequate

protection from poverty.<sup>36</sup> According to results of the OECD 2015 Programme for International Student Assessment (PISA) on the skills and knowledge of 15-year old students, socio-economic status matters. Students from a disadvantaged background enjoy less resources, are less likely to complete higher education, and have less motivation to achieve. Gender gaps tend to be higher among the more disadvantaged groups; in lower secondary education, fewer girls complete school.<sup>37</sup> In terms of subject matter, girls' performance in reading declined particularly among the lowest-achieving girls, while in mathematics, the 10 percent lowest-achieving boys performed worse than girls in the same category.38

#### **OUESTIONS**



- 1. What are the social protection coverage gaps for girls and boys at risk of not being in school?
- 2. What successes exist in the region on increasing access of children from the poorest strata to pre-primary education with attention to gender disparities?
- **3.** How are inclusive education programs also addressing gender disparities within disadvantaged groups?

# Child marriage

Although the prevalence of child marriage is lower in ECA than other regions, it exists and merits greater attention, as evidenced by UNICEF's recent study on the topic.<sup>39</sup> In some countries it is a practice affecting all population groups, such as Azerbaijan, Georgia, Kyrgyzstan, and Turkey; it is also a practice within specific ethnicity/language groups. With the growing number of refugees, conflict and migration may be driving child marriage. In some cases, marriage may not the reason for a girl to drop out-of-school, but she may be taken out to *prepare for* marriage. Across the region there is evidence that girls are taken out-of-school to protect their 'honour' out of fear they will develop relationships with boys or male teachers or their safety or chastity will be compromised. And for girls who do not drop out-of-school before they marry, they are likely to do so in time because of pressure from her husband or in-laws or the difficulty of combining school with housework and childcare.

In communities where child marriage is an accepted social norm, once out-of-school, the girl is at much greater risk of being married. This can be accentuated by a view that girls' education is of little value. In Roma communities, the environment is more complex, as noted in Serbia, where Roma girls felt discouraged by the hostility and discrimination

<sup>&</sup>lt;sup>36</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 163.

<sup>&</sup>lt;sup>37</sup> World Bank data cited in UNICEF ECARO. "Mind the Gap: Gender Report of Europe and Central Asia Regional PISA 2015 Results." Regional Forum on Sustainable Development. Geneva: UNICEF ECARO, 2019, p. 6.

<sup>38</sup> UNICEF ECARO (2019), p. 2.

<sup>&</sup>lt;sup>39</sup> UNICEF. "Child Marriage in Europe and Central Asia: UNICEF's Response: Regional Overview." UNICEF, n.d.

they faced by others in school. According to research carried out by UNICEF in Serbia and Bulgaria, child marriage serves to solidify Roma identity but also contributes to negative attitudes towards the Roma.<sup>40</sup>

# **Country Highlight**

#### **Albania**

A C4D #myschoolyourschool campaign against discriminatory social norms towards Roma and Egyptian children was implemented in three municipalities (Durres, Korca and Shkodra) in close collaboration with MoESY, regional departments of education and civil society organizations working for Roma inclusion. The campaign contributed to a 10 percent improvement (36% to 46%) in the awareness of Roma parents of their responsibility for enrolling children, particularly girls in school and an even larger increase of non-Roma parents approving of their children developing friendships with Roma children (15% to 36%). The initiative reached 4,000 children, 8,000 parents, 400 teachers and 4,000 community members in four target regions (Berat, Durres, Korca and Shkoder).

Efforts such as these are critical to the education situation for the Roma, both in terms of children who have never been enrolled and drop out. At the end of compulsory education, less than 10 percent of girls and 24 percent of boys continue to go to school.

# **QUESTIONS**



- **1.** How are men and boys being involved as change champions to counter the growing trend of re-traditionalization of negative gender norms?
- **2.** What are effective models addressing child marriage in the region in working especially with more vulnerable populations that can be scaled up?
- **3.** What examples are there of gender-responsive, non-discriminatory curriculum and pedagogical approaches in schools?

# Multiplier effect of inequalities in education

Dropping out-of-school has lifelong effects on a girl or boy's opportunities and, given the gender-related reasons for drop out, both sexes are further limited in the types of roles they can play (as highlighted above). Even in countries which have achieved gender parity in school attendance and completion, the gender gap persists in employment and

<sup>&</sup>lt;sup>40</sup> Ibid., p. 17.

continuing education. <sup>41</sup> The labor force participation rate for men is 67% and for women, 51.8% in Eastern Europe for the year 2018. In Central and Western Asia combined, it is 73.5% for men and 45.1% for women.<sup>42</sup> Strong gender stereotypes are perpetuated in the offer of vocational training choices to women and men; women are confined to lower-income and lower-prestige sectors of the economies and the choices of field of study, which in turn produce conditions of occupational segregation and a gender wage gap in the region. Awareness of gender discrimination in the labor market is often the reason why young women may choose not to continue their education. The "extreme difficulties in accessing childcare services" is also a disincentive to women to enter the labor market.43

#### **OUESTIONS**



- 1. How are education reforms addressing the gender disparities of youth not in employment, education or training?
- 2. How can adolescent programming concerned with skill interventions, including employability, take gender stereotyping into account?
- 3. Are C4D campaigns that seek to reverse harmful gender norms addressing gender stereotyping in skill development?

#### Children on the move and children left behind

Access and completion of schooling can be severely challenged by conflict, violence, and migration driven by either conflict or poverty. The ECA region has been dogged by internal conflicts (e.g., the eastern region of Ukraine and the region of Abkhazia and South Ossetia in the Republic of Georgia) and an influx of refugees and migrants from Syria, Afghanistan, Iraq and other countries. Invariably, children are caught up in the crisis and are either left behind, internally displaced, or forced to flee with or without their families. Turkey is now host to the largest registered refugee population in the world.<sup>44</sup> One of the myriad risks affecting displaced and migrant children is limited provision and access to education or lack of information regarding schooling opportunities. They may not have the legal right to attend school or may be prevented from learning because of language or social barriers. They may be forced to forego school to work due to economic pressures. While very limited data are available on educational enrolment for children affected by a decade of conflicts in the ECA region, evidence shows that some children may return to school after a conflict, but most children do not, resulting in whole

<sup>&</sup>lt;sup>41</sup> Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 92.

<sup>&</sup>lt;sup>42</sup> ILO. 2018, World Employment and Social Outlook: Trends for Women 2018 – Global Snapshot. Geneva: ILO, p. 7. <sup>43</sup> UNICEF. "Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia." Geneva: UNICEF, July 2016, pp. 25-29.

<sup>&</sup>lt;sup>44</sup> UNICEF. "Turkey Country Office Annual Report 2018." UNICEF, 2018, p. 1.

generations with a significant education deficit. 45 Gender-based violence in the form of trafficking, sexual exploitation, and forced labor disproportionately affects migrant girls during all stages of migration, further disrupting educational opportunities.<sup>46</sup> In Turkey, gender norms (such as child marriage) among refugee children continue to keep girls out-of-school, while child labor is the main factor for adolescent boys.<sup>47</sup>

For children left behind, remittances can offer additional finances for school fees and other household necessities. However, the impact on children of migrating parents can be both positive and negative. One study in Tajikistan showed that enrolment for girls of non-returning migrant parents dropped significantly compared with boys, to 43 percent and 89 percent respectively.48

#### **OUESTIONS**



- 1. What research is being undertaken to better understand gender disparities in the care and education of children left behind?
- 2. To what extent is the sex-disaggregation of data on migrant and refugee children sufficient to understand gender barriers to their education?
- 3. What education programs, that UNICEF is supporting, equips teachers and/or pedagogues to identify signs of children (especially migrant and refugee) affected by gender-based or other forms of violence?

## **Quality of schooling**

The Central Asia region in particular has had deteriorating infrastructure in rural areas since 1990. Tajikistan's lack of water and sanitation facilities is particularly severe as is the lack of privacy and separate toilets for girls and boys, which discourage some from going to school, especially teenage girls.<sup>49</sup> In Tajikistan quality of the school environment is also a question of safety; girls report receiving threats of violence and intimidation in school or on the way to school, by both boys and teachers. Other factors affecting all children put them at risk of drop out – the poor quality of teachers especially, outdated resources and teaching practices, and even the language of instruction is a deterrent for some population groups.<sup>50</sup> In many countries in the region, boys are exposed to bullying and physical violence by peers and older children, and because teachers do not know how to

<sup>&</sup>lt;sup>45</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 45.

<sup>&</sup>lt;sup>46</sup> UNICEF. "Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia." Geneva: UNICEF, July 2016, p. 28.

<sup>&</sup>lt;sup>47</sup> UNICEF, "Turkey Country Office Annual Report 2018," UNICEF, 2018, p. 2.

<sup>&</sup>lt;sup>48</sup> UNICEF, and UNESCO Institute for Statistics. "All Children in School by 2015. Global Initiative on Out-of-School Children: Tajikistan Country Study." Global Initiative on Out-of-School Children. Tajikistan: UNICEF, December 2013,

<sup>&</sup>lt;sup>49</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 122.

<sup>50</sup> UNICEF Regional Office for CEE/CIS, (2013), p. 163, p. 128f.

address this and other forms of violence, they are left feeling unprotected. Poor quality of schooling and infrastructure discourages girls and boys as well as parents and amplifies the disincentive for staying in school.

A strong indicator for the quality of schooling lies also in the achievement scores of boys and girls. Yet, most countries in the region lack regular, nationally representative learning assessments, especially in the early grades, which could help address the achievement gap. While girls do better in reading, the regional trend is slowly reversing since 2009: the gender gap in reading in favor of girls narrowed by 12 points between 2009 and 2015, and this corresponds to the change in the ECA average: boys' performance improved, particularly among the highest-achieving boys, while girls' performance deteriorated, particularly among the lowest-achieving girls.<sup>51</sup> In science, the gender disparities in performance tend to be small but mostly in favor of girls. In mathematics, the gender gap is not in favor of boys, although more boys than girls are above Level 4 on the math scale 52



#### **Males and Masculinities**

Masculine ideology is a set of descriptive, prescriptive and proscriptive of cognitions about boys and men. Men and boys have been socialized to use aggression and violence as a mean to resolve interpersonal conflict. Constricted notions of masculinity favor aggression, homophobia and misogyny, which often accounts for boys' disruptive behavior, such as bullying, homosexual taunting, and sexual harassment.

Research reports on traditional gender roles in Moldova reveal that violence and bullying is a culturally accepted way for men to show their superior status in the family and society at large and to illustrate they are "true men."

Source: Reports cited in the Moldova 2018 COAR, such as the OECD 2018 and NBS, 2011.

#### **OUESTIONS**



- 1. What are good models for curriculum and pedagogical approaches in schools at all levels in the region designed to be inclusive, gender-responsive and non-discriminatory?
- 2. To what extent is the sex-disaggregation of data in the Education Information System adequate for analyzing gender disparities across different population groups and sub-national regions?
- 3. What are good models for education policies in the region that encourage students to pursue subjects of interest to them regardless of gender differences (i.e., to break down gender segregation of study and in the workforce)?

<sup>&</sup>lt;sup>51</sup> UNICEF Regional Office for CEE/CIS, (2013), pp. 169-171. Citation from the Situation Analysis brief on the ECA Regional Headline Result for Learning 2018-2021.

<sup>52</sup> UNICEF ECARO (2019), "Mind the Gap," p. 3.

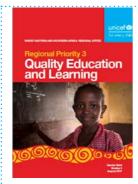
# OTHER GLOBAL AND REGIONAL SECTORAL GUIDANCE

The present guidance developed by ECARO should be consulted as part of an existing panoply of gender guidance developed within recent years. UNICEF's global guidance shown below takes country offices through the phases of programming that includes the option of conducting a Gender Programmatic Review. The ECARO guide was developed to complement and refer to the existing resources available to Country Offices.



Other UNICEF regions have also been active in developing gender guidance. The ESARO and EAPRO guides below pertain specifically to the Education Sector but are part of a series capturing the other sectors aligned with UNICEF's Strategic Plan and with the Gender Action Plan (GAP)'s integrated gender results and targeted priorities.

The ROSA Gender Toolkit is of particular importance as its first two Sections, the first on Gender Concepts and UNICEF's Gender Commitments, the second on Practical Steps for Gender Mainstreaming, also serve as the foundation for the present ECARO guidance. As such, Sections 1 and 2 are recommended reference chapters that explain in greater detail the basis for the framework adopted herewith. Section 3 of the ROSA Toolkit consist of gender analysis questions and programme checklists designed for each of ROSA's Headline Results. The conceptualization of both the EAPRO and the ROSA guidance have inspired and been adapted in the formulation of the ECARO guidance.







One of 10 gender briefs developed by UNICEF ESARO on how to address gender equity in programming, using examples and challenges in the education sector from the region.

One of 7 sectoral guides developed by UNICEF EAPRO with specific examples on how to formulate genderresponsive outputs and results. UNICEF ROSA's comprehensive toolkit of 400 pages is a reference document and precedent for the present ECARO gender guide on Flagship Results.

# GENDER RESULTS THAT CAN BE ACHIEVED

Below is an illustration of gender outcomes or results that can be achieved if systematic attention is given to gender disparities. These are aligned with the outcome areas under the Gender Action Plan.



# For girls & boys

- Lower out-of-school rates for girls and boys of pre-primary, primary and lower secondary age
- Reduced gender disparities in enrolment and completion rates at all levels
- Improved learning outcomes for girls and boys
- Girls stay in school longer (past primary) and are less at risk of child marriage
- Boys stay in school longer and are less at risk of being pressured to engage in work
- · Schools are gender-responsive in the environment, teaching practice, and infrastructure
- · Refugee and migrant girls and boys are integrated into the formal education system
- Roma girls and boys are able to attend school in a discrimination-free environment
- The health risks of substance abuse, especially relating to boys, and suicide are lowered



# Care and support of all children

- Mothers and fathers support girls' education as much as boys' education and the pursuit of subjects that go against gender segregation
- Fathers (as well as mothers) are taking more responsibility for and interest in their children's education and performance
- Parents, teachers and communities protect girls from exposure to gender-based violence and boys from physical violence in the home and in schools
- There is evidence of adverse gender norms and practices breaking down
- Parenting practices are shifting in favor of less authoritarian styles, thereby aiding the development of autonomy and self-esteem among children and adolescents
- Evidence of change in parents' ways of socializing and disciplining their children towards more gender equitable roles



# Adolescent girls and empowerment

- Adolescent girls are more empowered to make their own choices in education, work, and marriage
- More girls are completing secondary education and pursuing careers in STEM
- Married and/or pregnant girls are returning to finish school
- Girls have access to menstrual hygiene management in school
- Girls stay in school because they do not feel unsafe or discriminated against
- Girls stay in school because they are equally valued and rewarded for their progress

# A GENDER-RESPONSIVE THEORY OF CHANGE

Below is an illustrated theory of change for a sub-regional level outcome relating to the flagship result on learning.

**Sub-region:** Armenia, Azerbaijan, Belarus, Georgia, Moldova, Romania, and Ukraine

**Programme outcome:** X girls and boys out-of-school or at-risk of drop-out are equally supported in completing a full cycle of high quality, inclusive education, from pre-primary to upper secondary

The following illustrate potential gender-responsive output statements for enabling environment, demand, supply, and quality. For two of the output examples, statements are formulated to illustrate the difference between gender-negative, gender-neutral, gender-sensitive, gender-specific and gender-transformative statements.



300,000 girls and boys out-of-school or at-risk of drop-out will be equally supported in completing a full cycle of high quality, inclusive education from pre-primary to upper secondary

- If gender barriers to education operating at household, school system or policy levels are adequately analyzed, and disaggregated at subnational level and for different vulnerable population groups
- If, through cross sectoral collaboration, the education management information system can identify and track out-of-school girls and boys – those who have never been to school, those who dropped out and those at risk of dropping out
- If investments are made in life skills, vocational training or marketable skills to keep girls and boys in schools after completing compulsory education
- If schools are made safe, free of violence, conducive to learning, and respectful of diversity
- If several entry points are pursued to tackle gender norm change, such as child marriage and child labor (e.g., positive parenting)
- If teacher training, beginning with early child education, adopts a curriculum aimed at positive gender socialization
- If adolescent girls and boys are given the opportunity to participate in education decision making
- If alternative and second chance education meet the particular needs of boys and girls (e.g., young mothers)
- If drop-out prevention and response interventions by schools and teachers are rooted in an understanding of gender norms and barriers
- If parents, fathers especially, are more engaged and actively involved in their children's learning
- If quality education is aimed at breaking down gender stereotypes at all levels



# **Engaging Men and Boys for Gender Equality**

Men and boys, together with other key influencers, are gatekeepers in the gender order of the society, and shifting their perceptions and practices is critical to the gender justice process. Men and boys can play a vital role in transforming taken-for-granted social/gender norms and practices in order to bring about overall gender-based empowerment.

Opportunities exist for men and boys to act as change agents to disrupt harmful practices; promote protective, non-violent behaviors; develop positive masculinities; and support girls' empowerment and education.

## **Enabling Environment Output**

Strengthen the evidence base on gender-related barriers to education outcomes informing the **Education Sector Plan** 

**Explanation:** As the country highlight for Moldova below illustrates, the lack of sexdisaggregated data in combination with other socio-economic factors can serve as an unnecessary barrier to effective education planning and policy development.

# **Country Highlight**

#### Moldova

UNICEF as Grant Agent for the Education Sector Plan Development Grants (ESPDG) provided by Global Partnership for Education (GPE) supports the Ministry of Education, Culture and Research to perform comprehensive education sector analyses (ESA) from within a wider demographic, socio-cultural and politicoinstitutional context. To support gender mainstreaming into ESA, UNICEF leveraged additional funds and, in cooperation with UN Women, hired an international gender expert to assess availability and quality of existing gender data (data disaggregated by sex and other factors, and data on issues specific to girls and women), advance gender equality, and address specific gender-related barriers that impede outcomes for all children. The major findings of the ESA analyses will serve as a basis for developing concrete recommendations and strategic vision with regards to further development of the Education sector.

# **Supply Output**



#### **Gender-transformative**

Upgrade the school curriculum and teacher training in primary and secondary levels to include gender socialization and life skill lessons that give equal chance to girls and boys and reduce the risk of drop out



#### **Gender-specific**

Upgrade the school curriculum and teacher training in primary and secondary levels to eliminate negative stereotypes of women and girls



#### **Gender-sensitive**

Upgrade the school curriculum and teacher training in primary and secondary levels to include life skill lessons that give equal chance to girls and boys and reduce the risk of drop out



#### **Gender-blind**

Upgrade the school curriculum and teacher training in primary and secondary levels to include life skill lessons that align with the job market



#### **Gender-negative**

Scale up the life skill lessons in primary and secondary education to cover a larger number of schools

# **Demand Output**



#### **Gender-transformative**

Support a national positive parenting programme with a focus on fathers' engagement in child rearing, nurturing care, and learning

# **Gender-specific**

Support a national programme on girls' education with a focus on parental involvement in promoting girls' education and ending child marriage

#### **Gender-sensitive**



Support a national positive parenting programme with a focus on parental involvement in giving girls and boys an equal chance to complete their education

#### **Gender-blind**

Support a national positive parenting programme to promote children's transition to and completion of secondary education

## **Gender-negative**



# **Quality Output**

Teachers undergo mandatory training on prevention and response interventions for OOSC and children at risk, using the gender-responsive guidance on the subject

**Explanation:** While guidelines for prevention and response to out-of-school children and those at risk of dropping out are crucial, it is also clear that the drivers for girls to drop out are very different from the drivers for boys. This requires an understanding of the social norms and gender roles that prevail in any particular population group. It is also important to understand the differential risks that exist within the school environment that may account for girls' or boys' absenteeism or dropout.

# **CHOOSING INDICATORS**

This section provides a menu of indicators that Country Offices are encouraged to use in their programs relating to education. Two sets of indicator menus pertaining to Goal Area 2 are presented: (a) GAP priority 5 on gender equality in teaching and education systems and (b) GAP priority 4 on gender equality in access, retention, and learning in education for girls and boys – especially in humanitarian situations. The GAP indicators are also directly aligned with the Learning outcome areas, such as gender-responsive teaching and learning and education-sector planning under SIC code 22-01 below.

| GAP priority 5:<br>Gender equality in teaching and education systems (Goal area 2)  |  |   |  |
|---|--|---|--|
| Demonstrable result   | SP-GAP output<br>statements  | SP-GAP output<br>indicators   |  |
| 5. Gender equality in access, retention, and learning in education for girls and boys (especially in humanitarian situations) | 2.a: Countries have strengthened education systems for gender-equitable access to quality education from early childhood to adolescence, including children with disabilities and minorities | 2.a 1. Number of out- of-school girls and boys who participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian) (disaggregated by educational level and sex)  2.a.3. Percentage (and number) of countries with gender-responsive education systems for access  2.a 5. Percentage of UNICEF- targeted girls and boys in humanitarian situations who have participated in early learning, primary or secondary education through UNICEF-supported programmes (humanitarian) (disaggregated by educational level and sex) |  |

| Result Area                                       | SIC<br>code  | Specific areas of intervention   | Gender<br>tag |
|---|--|--|---------------|
| Access education                                  | 22-01-10   | System strengthening – gender-<br>responsive access (excluding SRGBV)  | Yes           |
| Learning outcomes                                 | 22-02-12   | Provision of training of school communities e.g. parent teacher associations, school management committees                             | Yes           |
|   | 22-02-22   | System strengthening – gender-<br>responsive teaching and learning<br>(excluding SRGBV)  | Yes           |
| Skills development                                | 22-03-01   | Provision of skills development for<br>5-9 year-olds (including in temporary<br>learning spaces)                                       | Yes           |
| Results Areas                                     | Sta  | andard Output Indicators   | Gender<br>Tag |
| 22-01 Equitable<br>access to quality<br>education | educational:   | ery – Inclusive Ed. – Number of<br>staff (excluding teachers) who received<br>funding provided by UNICEF                               | 2             |
|   | sector plan/p  | ngthening – Gender – National education<br>policies support gender-responsive<br>d learning – score (1-4)                              | 3             |
|   | of curricula a   | ngthening – Inclusive Ed. – Existence<br>and support from teachers and school<br>rs that are inclusive of children with<br>score (1-4) | 2             |
| 22-02 Learning outcomes                           | Service Delivery – Early learning – ECD facilitators/<br>teachers who received training with funding provided<br>by UNICEF |  | 2             |
|   |  | ery – Teachers – Lower secondary teachers<br>d training with funding provided by UNICEF  | 2             |
|   |  | ery – Teachers – Primary teachers who<br>ning with funding provided by UNICEF  | 2             |
| 22-02 Learning outcomes                           |  | ery – Teachers – Teachers/educators<br>ychosocial support with UNICEF funding  | 2             |
|   | *  | ngthening – Early learning – Existence of<br>ing and learning environments for early<br>ore (1-4)                                      | 2             |

| Results Areas | Standard Output Indicators  | Gender<br>Tag |
|---------------|---|---------------|
|               | System Strengthening – Gender – National education sector plan/policies support gender-responsive teaching and learning – score (1-4)               | 3             |
|               | System Strengthening – Inclusive Ed. – Pre-service and in-service teacher training includes modules on diversity and inclusion issues – score (1-4) | 2             |
|               | System Strengthening – Teachers – Existence of government incentives for pro-equity deployment of teachers – score (1-4)                            | 3             |
|               | System Strengthening – Teachers – The scope and quality of national teacher professional development – score (1-4)                                  | 2             |

# GAP priority 4: Gender equality in access, retention, and learning in education for girls and boys – especially in humanitarian situations (Goal area 2)

| Demonstrable result   | SP-GAP output<br>statements  | SP-GAP output indicators   |  |
|---|--|--|--|
| 4. Gender equality in access, retention, and learning in education for girls and boys (especially in humanitarian situations) | 2.a: Countries have strengthened education systems for gender-equitable access to quality education from early childhood to adolescence, including children with disabilities and minorities | 2.a 1. Number of out-<br>of-school girls and boys<br>who participated in<br>early learning, primary<br>or secondary education<br>through UNICEF-supported<br>programmes (humanitarian)<br>(disaggregated by<br>educational level and sex)  |  |
|   |  | 2.a.3. Percentage (and number) of countries with gender-responsive education systems for access  |  |
|   |  | 2.a 5. Percentage of UNICEF-<br>targeted girls and boys in<br>humanitarian situations<br>who have participated in<br>early learning, primary or<br>secondary education through<br>UNICEF-supported<br>programmes (humanitarian)<br>(disaggregated by<br>educational level and sex) |  |

| Results Areas     | SIC code | Specific areas of intervention  | Gender<br>tag |
|-------------------|----------|---|---------------|
| Access education  | 22-01-17 | School Related Gender-based<br>Violence (SRGBV)- Equitable<br>access to quality education                       | Yes           |
|                   | 22-01-18 | United Nations Girls' Education<br>Initiative (UNGEI) Secretariat<br>– Equitable access to quality<br>education | Yes           |
| Learning outcomes | 22-02-28 | School Related Gender-based<br>Violence (SRGBV)- Learning<br>outcomes   | Yes           |
|                   | 22-02-29 | United Nations Girls' Education<br>Initiative (UNGEI) Secretariat –<br>Learning outcomes                        | Yes           |

| Results Areas                               | Standard Output Indicators   | Gender<br>Tag |
|---|--|---------------|
| 22-01 Equitable access to quality education | Service Delivery – Number of primary schools supported by UNICEF applying alternative/flexible education models  | 2             |
|   | Service Delivery – Number of lower secondary schools supported by UNICEF applying alternative/flexible education models  | 2             |
|   | Service Delivery – Out-of-school children in the reporting year who participated in early learning, primary or secondary education through UNICEF supported programmes                             | 2             |
|   | Service Delivery – Primary school aged Out-of-school children in the reporting year accessing formal or nonformal education with support of UNICEF,  | 2             |
|   | Service Delivery – School-aged children and adolescents in affected areas back in school (including early childhood education programmes) after interruption or newly enrolled since the emergency | 2             |
|   | Service Delivery – Gender – Adolescent girls that received subsidies, scholarships, grants or social assistance from the UNICEF ECM programme to attend lower secondary school                     | 3             |

| Results Areas                               | Standard Output Indicators  | Gender<br>Tag |
|---|---|---------------|
| 22-01 Equitable access to quality education | Service Delivery – Gender – Number of girls supported<br>by the UNICEF ECM programme through alternative/<br>flexible lower secondary education models  | 3             |
|   | Service Delivery – Gender – Number of schools supported by UNICEF with interventions targeting specifically girls (e.g. segregated toilets, sanitary pads, MHM, etc.)   | 3             |
|   | Service Delivery – Gender – Out-of-school adolescent girls in the reporting year accessing formal or non-formal education with support of the UNICEF ECM programme  | 3             |
|   | System Strengthening – Existence of a less than 5 years old household survey providing data by gender, wealth, location, ethnic group and location on both access and learning  | 2             |
|   | System Strengthening – Education sector planning –<br>Existence of budgeted comprehensive C4D strategy/<br>plan within Education Sector Plan to address behavior<br>and socio-cultural barriers to education for marginalized<br>children – score (1-4) | 3             |
|   | System Strengthening – Education sector planning – Existence of national strategies to address inequities in education access, participation and retention – score (1-4)  | 3             |
|   | System Strengthening – Education sector planning – National strategies address inequities in education resource allocation – score (1-4)  | 3             |
|   | System Strengthening – EMIS – EMIS that provides disaggregated data, including income/assets, disability and school physical environment – score (1-4)  | 2             |
|   | System Strengthening – EMIS – National EMIS provides data on attendance and dropout – score (1-4)   | 2             |
|   | System Strengthening – EMIS – National EMIS provides quality and timely data – score (1-4)  | 2             |
|   | System Strengthening – Gender – Education Sector Policy/Plan that includes holistic institutional capacity building to improve awareness, attitudes and empowerment to address gender based violence in and around schools – score (1-4)                | 3             |

| Results Areas                               | Standard Output Indicators   | Gender<br>Tag |
|---|--|---------------|
| 22-01 Equitable access to quality education | System Strengthening – Gender – Existence of a school re-entry policy/strategy for pregnant girls and/or adolescent mothers – score (1-4)  | 3             |
|   | System Strengthening – Gender – Existence of clear targets, well-defined focus and sufficient budget lines for girls' secondary education – score (1-4)                          | 3             |
|   | System Strengthening – Gender – Existence of quality prevention and response mechanisms to address gender based violence in and around schools – score (1-4)                     | 3             |
|   | System Strengthening – Gender – Existence of well-<br>defined legal/policy frameworks to address gender<br>based violence in and around schools – score (1-4)                    | 3             |
|   | System Strengthening – Gender – National education sector plan/policies support gender-responsive environments – score (1-4)   | 3             |
|   | System Strengthening – Gender – National education strategies address demand-side gender-related barriers to quality education – score (1-4)                                     | 3             |
|   | System Strengthening – Inclusive Ed. – Existence of curricula and support from teachers and school administrators that are inclusive of children with disabilities – score (1-4) | 2             |
|   | System Strengthening – Inclusive Ed. – Policies available ensuring ALL childrens' right to be educated in mainstream schools – score (1-4)                                       | 2             |
|   | System Strengthening – Innovations – Innovations to improve access and learning for the most disadvantaged children are implemented at scale and are sustainable – score (1-4)   | 3             |
| 22-02 Learning outcomes                     | Service Delivery – Children provided with individual (one-per-child) education/early learning materials through UNICEF-supported programmes                                      | 2             |
|   | Service Delivery – Schools with school development plans that explicitly address equity issues and that were developed with UNICEF support                                       | 3             |

| Results Areas           | Standard Output Indicators  | Gender<br>Tag |
|-------------------------|---|---------------|
| 22-02 Learning outcomes | Service Delivery – Communities – Number of schools that implement school-based management initiatives with UNICEF support   | 2             |
|                         | Service Delivery – Early learning – ECD facilitators/<br>teachers who received training with funding provided<br>by UNICEF  | 2             |
|                         | Service Delivery – Early learning – Number of children<br>benefiting from early childhood education through<br>alternative approaches (such as home based provision<br>of ECD, accelerated school readiness models, parent<br>education, among others) with support from UNICEF | 2             |
|                         | Service Delivery – Gender – Schools that received support from UNICEF ECM programme through the child-friendly school or similar model  | 3             |
|                         | System Strengthening – Availability, in schools supported by UNICEF, of quality CFS/CFE standards that are consistent with Child Friendly Schools/education or similar models – score (1-4)   | 2             |
|                         | System Strengthening – Communities – Active involvement of school management committees at primary and secondary levels in the development of school improvement plans and monitoring of schools – score (1-4)  | 2             |
|                         | System Strengthening – Communities – Community (including students') participation in school management committees at primary and secondary levels – score (1-4)  | 2             |
|                         | System Strengthening – Communities – Development and/or implementation of a national school-based management policy framework with UNICEF support   | 2             |
|                         | System Strengthening – Early learning – Early learning policy and early learning programme ensuring parents' and communities' involvement – score (1-4)   | 2             |
|                         | System Strengthening – Early learning – Early learning policy and early learning programme including quality early learning curriculum and standards – score (1-4)  | 2             |

| Results Areas           | Standard Output Indicators  | Gender<br>Tag |
|-------------------------|---|---------------|
| 22-02 Learning outcomes | System Strengthening – Early learning – Early learning policy and early learning programme including safe and protective ECCE facilities – score (1-4)  | 2             |
|                         | System Strengthening – Early learning – Existence of national policy, leadership and budget for early learning – score (1-4)  | 2             |
|                         | System Strengthening – Education sector planning –<br>Existence of budgeted comprehensive C4D strategy/<br>plan within Education Sector Plan to address behavior<br>and socio-cultural barriers to education for marginalized<br>children – score (1-4) | 3             |
|                         | System Strengthening – Education sector planning –<br>Existence of national strategies to address inequities in<br>education access, participation and retention – score<br>(1-4)   | 3             |
|                         | System Strengthening – Education sector planning – National strategies address inequities in education resource allocation – score (1-4)  | 3             |
|                         | System Strengthening – EMIS – Availability of an Education Management Information System that transparently feeds findings back to communities or school management committees – score (1-4)  | 2             |
|                         | System Strengthening – EMIS – EMIS that provides comprehensive data in terms of school coverage – score (1-4)   | 2             |
|                         | System Strengthening – EMIS – EMIS that provides disaggregated data, including income/assets, disability and school physical environment – score (1-4)  | 2             |
|                         | System Strengthening – EMIS – Existence of school-<br>based or district-based Early Warning System for<br>children at risk of dropping out – score (1-4)  | 2             |
|                         | System Strengthening – EMIS – National EMIS provides data on attendance and dropout – score (1-4)   | 2             |
|                         | System Strengthening – EMIS – National EMIS provides quality and timely data – score (1-4)  | 2             |

| Results Areas           | Standard Output Indicators   | Gender<br>Tag |
|-------------------------|--|---------------|
| 22-02 Learning outcomes | System Strengthening – EMIS – Training and participation of community in using Education Management Information System findings – score (1-4)  | 2             |
|                         | System Strengthening – Existence of competency-<br>based curriculum at primary and secondary levels –<br>score (1-4)   | 2             |
|                         | System Strengthening – Gender – Education Sector Policy/Plan that includes holistic institutional capacity building to improve awareness, attitudes and empowerment to address gender based violence in and around schools – score (1-4) | 3             |
|                         | System Strengthening – Gender – Existence of quality prevention and response mechanisms to address gender based violence in and around schools – score (1-4)   | 3             |
|                         | System Strengthening – Gender – Existence of strategies to create educational demand for girls' secondary education – score (1-4)  | 3             |
|                         | System Strengthening – Gender – Existence of well-<br>defined legal/policy frameworks to address gender<br>based violence in and around schools – score (1-4)  | 3             |
|                         | System Strengthening – Gender – Textbooks and/or curricula revised to ensure they are free of gender bias – score (1-4)  | 3             |
|                         | System Strengthening – Inclusive Ed. – Individual Education Plans available for all children with disabilities and other special learning needs – score (1-4)  | 2             |
|                         | System Strengthening – Innovations – Availability of strong evidence of successful and cost-effective innovations to improve access and learning for the most disadvantaged children – score (1-4)                                       | 3             |
|                         | System Strengthening – Innovations – Innovations to improve access and learning for the most disadvantaged children are implemented at scale and are sustainable – score (1-4)   | 3             |

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# SECTION 2 **TECHNICAL GUIDANCE**

This section is dedicated to guiding practitioners in conducting gender integration in programming.



# **Gender Analysis Questions for an Assessment**

This set of guiding questions for conducting gender analysis can be consulted for an initial assessment, during the situational analysis phase, or at other moments during implementation to verify or validate gender integration. They could also be effective in evaluating results at mid-term or at the end of a programme. It may not always be possible to complete a full gender analysis; practitioners can pick and choose the themes they wish to probe.

For quick and easy reference to the sub-sections of the gender analysis questions, consider any of the following:



# **Roles and Responsibilities capturing**

- Roles and practices
- Time, space and mobility
- · Household and community division of labor
- Participation rates in different activities.



# Access to and Control over Assets capturing

- Human assets
- Natural assets
- Social assets
- Physical assets
- Financial assets
- Information



# **Beliefs and Perceptions capturing**

- Influence
- Norms
- Decision making
- Expectations about appropriate behavior



# **Needs and Priorities capturing**

- Practical and strategic needs
- Priorities
- · Opportunities and capacities
- Vulnerabilities



## **Gender Analysis Questions for an Assessment**

- Policy and legal frameworks
- Due process
- Services



#### **Programming Checklist**

This checklist guides you through a series of issues for each of the phases of the programming cycle. While a proportion of the items are generic and repeat for all flagship result checklists to maintain consistency, they have still been adapted and others added to tailor the issues to be considered for this particular flagship result.

The checklist is designed to allow you to consult the phase or sub-section of immediate interest to your work. It is not intended as an exercise to be carried out in its entirety, even though this may be useful at the start of new programme.

See below for easy reference:



# Step 1: Planning (assessment and analysis)

- · Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- · Identify gender issues
- Define interventions that reflect gender inequality gaps and needs



# Step 2: Programme Design

• Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress



# **Step 3: Implementation**

- Implement planned actions to transform gender equality
- Participation of all groups which are gender aware



# **Step 4: Monitoring**

• Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage



# **Step 5: Evaluation**

- Evaluate outcomes using gender and human rights indicators
- Showing differentiated gender impacts



# Step 6: Reporting

- Knowledge sharing (results and lessons learned)
- Inform future programmes/projects

# GENDER ANALYSIS OUESTIONS FOR AN INITIAL **ASSESSMENT**

It is recommended, to the extent of its relevance and importance, to pose the set of questions in relation to other socially excluded groups, such as migrant and refugee children, children left behind by parents who migrate, ethnic / linguistic minority groups, the poorest children, and disabled children. For some of the questions below, particular mention is made of one or more of these vulnerable groups, based on evidence from the region that the gender barriers are considerably higher for this population group than for others.

# **Roles and Responsibilities (Practices)**



# Household **Activities**

- What are the demographic profiles of the target populations (gender, ethnicity, caste, age, migrant and displaced population status, percentage of female- and childheaded households, household size, marriage age or age of union, percentage of polygamous households)?
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the household (in a day, a week, a season)? Tasks can include the care of children. care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, any other unremunerated and remunerated work/employment, and performance of social obligations. How do women,

men, girls and boys spend their time?

- · Respectively, for what activities or tasks are girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Where is the work done (location/ patterns of mobility)? Do women/ girls or men/boys have restrictions on their mobility? What restrictions? How do they influence women's and girls' access to services and supportive social networks?
- When is the work done (daily and seasonal patterns)? And how much time it takes? How much time do women/girls and men/boys devote to household chores?
- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages? Where do differences in average age of marriage lie – within regions of a country or between population groups?



# **Community Activities**

- What types of activities, meetings, associations and groups do women, men, girls and boys engage in? Do adolescent girls and boys have access to youth organizations that play a role in community life?
- What types of leadership roles do women/girls and men/boys play?
- Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- Do community members and parents participate in school-related activities?
- Do women/mothers and men/fathers participate equally in the education system such as school management committees and parent-teacher association? Are men and women equally engaged in the education of their children?



# Learning

- In what ways do families support girls in their learning? In what ways are boys supported?
- How does the work/tasks accomplished by girls and boys impacts their learning?
- Is praise and discipline the same for girls and boys?
- Do girls and boys have equal and sufficient time in the day to do homework?

- What are the disparities in nutritional status for girls and boys? How does that affect their capacity to learn?
- What is the prevalence of child labor? In particular, what are the labor rates of girls and boys of different ages? Are they engaged in paid or unpaid labor? Does this affect their learning opportunities?
- Is youth violence an issue? If yes, is there information on the percentage of girls and boys involved?
- Are there any available studies on gender-based violence (GBV)? If so, what is the nature and magnitude of GBV in society? Who are the victims? How does GBV affect girls' and boys' learning?
- Are refugee and migrant children boys and girls – exposed to different forms of sexual violence, exploitation or abuse?



# **Education System**

- Is there gender discrimination in the choice of schooling for girls and boys?
- What are the class sizes at the different levels of the system and in different regions?
- What is the proportion of female and male teachers at different levels of the education system and in different regions? What are the consequences of this ratio? What are their roles and capacity?
- What is the proportion of female and male school leaders and

- school management? What are the consequences of this ratio? What are their roles and capacity?
- Are teachers sufficiently trained to recognize the gender biases they bring to the classroom?
- Are girls and boys treated differently by (a) teachers who are women or (b) teachers who are men?
- Are girls and/or boys discriminated against for being poor, of a particular ethnic / linguistic group, a disability, or being too young or too old?



- Are there any reports of physical, psychological or sexual violence at school?
- Do teachers' codes of practice exist? Do they address genderbased violence, including corporal punishment, bullying and sexual violence?
- Is there a mechanism in place to monitor and address cases of violence in schools?

## **Access to and Control over Assets**



## Household Resources

- What kind of resources do women/ girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/ boys?
  - · Financial?
  - · Natural?
  - Services?
  - · Information?
  - Social capital?
  - · Knowledge?
- · What are the constraints and implications arising out of lack of control over or access to productive resources for those who lack such control and access?
- What do women and men own separately? What do they do with what they own to improve their own and their children's education? What do they own together?
- Do women and men have equal access to bank accounts?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation (is there

- occupational gender segregation)? How do women's wages compare to men's?
- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits. training, promotions and leadership opportunities?
- Do women/girls and men/boys have equal access to mobile phones, mass media, the use of apps, and the Internet?



# Community

- What kinds of social services (e.g. health and hygiene, literacy programme, etc.) are available and how accessible are they for women, men, girls and boys? Is external assistance available?
- How do women's and men's, girls' and boys' access to and control over community resources affect their ability to:
  - Decide to receive an education?
  - Access transport to school?
  - Get appropriate education?
- Who decides about the deployment of community resources (such as transport and infrastructure) for education?
- What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?



## **Adolescent Access to Social Services and Support Networks**

- What kind of assets do adolescent girls and boys have access to:
  - Mentors
  - · Peer groups or youth organizations
  - Money for school supplies
  - Social networks (and size of networks)
- How do girls and boys learn about sex and from whom? How do girls and boys obtain information about contraception and from whom? Is comprehensive sexual education taught in school?



### Access to Education

- What is the average distance to school for children?
- Are there boarding facilities available in secondary education? If so, what is the proportion of girls to boys in these?
- Are girls and boys safe on their way to school?
- · Are there fees levied in pre-primary, primary, lower secondary and upper secondary education? What is the level of indirect costs (textbook costs, uniforms, etc.)?
- What proportion of total education costs are paid by the parents at different education levels?

- Are there bursaries, scholarships, stipends, cash transfers or school feeding programmes? If so, what categories of children are targeted (girls, orphans, etc.)? At what levels of education?
- What are the overall participation rates at the various levels of education? Until what age respectively do girls and boys stay in school? What is the average year of completion for girls and boys?
- · How do girls compare with boys, and women with men, in participation rates at the various levels of education, particularly among the poorest households or wealth quintile?
- How have girls' and boys' educational access, participation and completion changed over the past 5–10 years?
- Is there a significant gap between girls and boys for the different indicators in education? What is the gender parity index; what has been its trend?
- What are the percentages and absolute numbers of out-of-school children by sex for each country and at sub-national level? What proportion has never been to school?
- What are the drop-out rates for girls vs. boys and at what level of schooling? What percentage of girls vs. boys that drop out return to school to finish? What are the main reasons for drop out (see also Section on Norms and Practices)?
- · How does the country's educational participation rates compare with countries of the same region or

#### income group?

- Do the gender participation rates differ between regions? How do these differ for Roma communities and other ethnic / linguistic groups?
- Do girls and boys of different ages have the same access to education. (namely, early childhood education, primary school, secondary school, vocational training and higher learning)?
- What are the broader social and economic factors that influence access to educational opportunities for girls and boys?
- What are the constraints on girls' (and boys') access to school in various social groups?
- What are the causes of gender differences in enrollment? And are they related to enabling environment, demand barriers, supply barriers, or quality?
- · How do rural vs. urban areas, different regions, income groups, castes, ethnicities or religions affect gender parity?
- What facilities (separate dormitories, toilet facilities, special financial incentives to ensure female retention rates, etc.) are needed to improve girls' access to schools?
- How does menstruation affects girls' school attendance? Do girls miss school during menstruation? Why?
- How can the dropout rates of girls/ boys be reduced?
- Are education and training opportunities for out-of-school girls and boys widely publicized? And for

- migrant and refugee children?
- Do refugee, displaced, or migrant children (girls and boys) have access to certification? What other barriers diminish their access to education?



- Are female teachers available at pre-primary, primary and secondary education levels?
- Is the school environment safe and secure with private and sanitary facilities that are available and accessible, with separate provision for girls and boys?
- Are there specific modules on gender concepts and gender-sensitive pedagogy implemented in the preservice and in-service training?
- · Is menstrual hygiene taught to girls so that they are informed and empowered to attend school during menstruation?
- Do education materials include life. skills, such as prevention of child marriage and early pregnancy, sexual and reproductive health, menstrual hygiene management (MHM) and health awareness, active citizenship, negotiation skills, children's rights, gender equality and respect for and appreciation of diversity?
- Are technologies and materials equally accessible to girls and boys? Is eLearning available, particularly for self-directed and accelerated learning?

- What are the differences, if any, between girls' and boys' learning outcomes and the numbers of girls and boys completing primary and secondary school? What are the major reasons of the identified differences?
- Has the country participated in any international assessments on learning outcomes? Do results reveal gender disparities in learning outcomes at certain levels or in certain subjects (such as Science, Technology, Engineering and Mathematics)? If information is available regarding students' location, wealth, language spoken, etc., are there gender disparities for students of different areas or regions, income levels, or linguistic or ethnic identity?
- Are the training locations for teachers accessible to both women and men?
- Do school management committees receive training on gender issues?
- Do school management committees have authority to ensure school safety and security?

## **Nonformal Education** and Training

- How are excluded girls and boys (ethnic minorities, children with disabilities, refugee and internally displaced children, conflict-affected children, etc.) treated differently as far as access to quality education is concerned?
- Do women/out-of-school girls/boys have access to nonformal education,

- literacy training, livelihood training, etc?
- · Are women and girls being encouraged through career counseling to participate in all forms of training?
- Do women and girls in the target population have enough free time to participate in training?
- Are courses offered at times when women and girls with family responsibilities or jobs can attend? Did women and girls help choose the training programmes?
- Are the courses or training sessions held in locations that are accessible to women and girls as well as men and boys, considering cultural norms and women's and girls' mobility? Are childcare services needed to facilitate women's and adolescent girls' participation?
- · Are there mechanisms to ensure that poor women and girls in particular receive information about nonformal education/training opportunities?
- Will the cost of such training permit the participation of women and girls without independent sources of income? Is there a need for scholarships, adequate physical facilities, and other special arrangements to ensure female participation?

## **Beliefs and Perceptions (Norms)**



## Household Resources

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence access to education?
- What are parent's expectations of boys and girls and their roles, and how does this affect the educational attainment of boys and girls, respectively?
- What are the norms and expectations for girls' and boys' working inside and outside of the home? Is the labor of female children considered more necessary to the household than that of male children?
- What adverse gender norms are particular to specific population groups? And what are the trends in their practice and promotion (on the rise or decline)?
- What are the social beliefs and perceptions that condition women's/ girls' (in particular, the notion of 'honor') and men's/boys' expectations and aspirations? For education, employment, marriage, divorce, having children out of wedlock, and family?
- What are beliefs about:
  - Age of marriage for women/girls and men/boys?
  - Adolescent girls' and boys' use of condoms and other contraceptives?

- Sex for girls and boys prior to marriage or women outside of marriage?
- · How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- What are community attitudes about girls being in school? How are they different than attitudes about boys?
- What structures does the community use to make education-related decisions? Who participates in decision-making spaces? Do women and men have equal voice? How do adolescent girls and boys participate?
- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
  - Cultural exclusion from productive activities
  - Heavy participation in reproductive activities
  - · A strict division of labor projecting women as caretakers and men as breadwinners
  - Cultural or safety barriers to women/girls' mobility
  - The practice of child marriage



- How are the investment returns on educating girls and boys viewed? Is educating girls considered a good investment for the family?
- Is the education of girls considered an advantage or an impediment to marriage?
- Is there an expectation that boys will support their parents in later life, thus making boys' educational attainment more important than girls'?
- How are pregnant adolescent girls treated in the school system? In general, are they ostracized and/ or expelled from school? What mechanisms are there to take care of pregnant schoolgirls to secure their continued access to education?
- To what extent is pre-primary education and other levels financially prohibitive? Does the government use a fee-based system for preprimary? For low-income families, how does this affect the education of girls vs. boys?
- What cultural, social and language barriers affect refugee and migrant girls and boys from accessing education and staying in school?
- · What are the social norm and practices affecting educational attainment of girls and boys left behind by migrating parents?
- How does disability affect the access and educational attainment of girls and boys differently?

- What social and cultural practices have an adverse effect on education of Roma girls and boys as well as other ethnic/linguistic groups? How do beliefs about pre-primary education in particular affect their children?
- To what extent is the use of digital technology applications a barrier to some households, ethnic groups, or more vulnerable populations; and how does this affect access for girls vs. boys?



## **Education** System

- Who makes decisions on whether girls or boys are allowed to attend school? Who makes decisions on whether they can engage in livelihoods?
- How do ideas about women's/girls' and men's/boys' proper behavior affect their access to education and treatment by teachers?
- How do the attitudes of teachers differ toward girls and boys?
- What are teachers' beliefs about gender differences and equality? How does this affect their educating students?
- What are supervisors' and administrators' attitudes about sending female and male teachers for training?
- Do factors related to gender influence promotion decisions among teachers?
- Do girls and boys have a preference for a teacher of the same sex?

- Are there studies that look at teachers' attitudes related to gender? What do they show? Are girls and boys given equal attention?
- Are teaching methodologies helping students to develop skills to confront and challenge gender bias?
- Have curricula been reviewed for gender bias and social inclusion issues? Do male and female teachers have a capacity to recognize girls and/ or boys at risk of drop-out?
- Are the sexes segregated in training programmes, schools or colleges because of social beliefs (e.g. that girls or women should be taught only by female teachers)?
- Is critical attention paid to the representation of the roles of women, men, girls and boys – as well as to gender relations - in textbooks and other teaching materials to ensure that girls and boys receive equal representation and respect and to counter narrow, negative and limiting gender definitions?
- Are female students being taught the same subjects as male students, or does the curriculum differ for female and male students? Are there beliefs that girls should learn only certain subjects? Who make decisions? Are these subjects taught at schools that are accessible to the target population?
- Are there particular subjects that need to be taught to refugee and migrant girls and boys, such as mental health, well being, or life skills?



- · Are information, education and communication (IEC) materials equally accessible to female and male? Why or why not (i.e. low literacy levels of women/girls, illustrations do not include women/girls and men/boys equitably, or sex-specific pronouns are used in exclusionary ways)?
- Do textbooks or other educational media promote gender stereotypes (e.g. images of women holding babies and men holding agricultural implements)? How are women and girls portrayed in the textbooks and media? How are men and boys portrayed?
- How might women/girls or men/ boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that women/girls and men/boys may have? Is there equal concern for disseminating education information to women/girls and men/boys?
- Are women and men involved in the design, planning and implementation of the communication strategy?
- · Will the programme need a communication strategy and innovative teaching methods to reach out-of-school girls and boys, refugee and migrant populations, illiterate women/ girls and men/boys, etc.?
- Is a separate communication strategy needed to ensure that programme messages reach women and girls (e.g., a woman-to-woman information service or the use of local women's and girls' groups)?

## **Needs and Priorities**



## Household Resources

- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities in education?
- What perspectives do women, men, girls and boys have on the appropriate and sustainable ways of addressing their needs?
- What are women's/girls' and men's/ boys' different skills and capabilities? How can they be used in the programme?
- What are the particular needs of refugee and migrant girls and boys in terms of educational content or other forms of support that will keep them in school (e.g. social protection, protection from GBV or trafficking)?

## **Education System**

- Are women/girls and men/boys equitably involved in education programme/project planning?
- Are women's/girls' and men's/boys' different education needs taken into consideration in community, district and national planning, programme design and budget development?
- Are measures taken to address women's/girls' and men's/boys' different socioeconomic and cultural constraints in accessing education

and training for example:

- · Hours schools/trainings are open
- Distance, especially in rural areas
- Educational materials (including mother tongue instruction), messages and outreach activities
- Are women's/girls' or men's/boys' education needs prioritized or disregarded? What regard is given to pre-primary education in particular?
- How well do teachers respond to women's/girls' and men's/boys' different education needs? Are there female and male teachers to fulfill the students' preferred sex of teachers, especially in rural areas and emergency contexts?
- To what extent is there a gender balance amongst teachers at preprimary, primary, lower secondary and upper secondary levels? And in urban vs. rural or remote areas? How might this affect gender bias in teaching, girls' and boys' performance in different subjects (e.g. STEM), and drop out rates?
- What are the constraints preventing more women from being trained or being appointed as a teacher (especially in secondary school), school leader and school management?
- Are the differential effects on women/ girls and men/boys taken into consideration regarding different forms of cost recovery such as scholarships and stipends?

## Institutions, Laws and Policies



## **Legal System**

- · How do inheritance laws treat women, men, girls and boys respectively?
- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters) and are they able to realize them?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- What is the legal age of marriage for girls and boys?
- What rights and entitlements do refugee and migrant children (boys and girls) have that could also affect their education (e.g., psychosocial support, certification)?



## **Education Laws and Policies**

• Is there a national education law or policy ensuring free and compulsory public education for all? If yes, what does it include? Does it apply to preprimary education?

- Does the national or state education policy/plan address girls' education or gender equality?
- Does the national or state education policy or plan also address inclusion and equity (in this case, to redress the most critical gender disparities in education)? To what extent are education budgets equity- oriented or gender sensitive?
- · Are there policies that are not genderspecific but may have an impact on gender equality in education (e.g. school fee abolition policy, policy on the language of instruction, etc.)?
- Are there policies to address:
  - · Corporal punishment
  - Safety in schools, including school- related violence and ensure safe reporting
  - · Health, including sexual and reproductive health, life skills and pregnancy prevention
  - Child marriage and early pregnancy
  - Attendance by pregnant girls
  - Reentry of school-aged mothers after the birth of their babies and provision of child care
  - School sanitation and hygiene, including menstrual hygiene
- Is there a specific policy or other instrument to increase the number of female teachers in lower and upper secondary?
- Is there a specific policy or other instrument to increase the number of

- female managers or decision makers, including female school directors and district directors and supervisors?
- What proportion of women hold decision-making positions in the Ministry of Education (MOE)?



## **GBV** in Schools

- Are there guidelines for the education sector response on GBV in schools?
- Are there protocols at schools about screening for and responding to GBV in schools?

- Does the Ministry of Education (MOE) have policies and protocols and referral procedures on physical and sexual violence or other forms of GBV in schools history and intake?
- Has the MOE committed to ending GBV in schools, and how public are those commitments?
- Are there GBV indicators in the education management information system, and are data disaggregated by sex?
- What laws/policies define GBV in schools?

## PROGRAMMING CHECKLIST

## STEP 1

### **PLANNING**



#### NO. **OUESTIONS** DONE

#### I. ASSESSMENT

What is the context-specific situation of gender equality to the Learning Flagship Result? Use Gender Analysis Questions in Annex 1 as guiding guestions to conduct a gender analysis.

#### DATA COLLECTION

Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the barriers, bottlenecks and opportunities related to the objectives of the programme in the target area by using:

- International gender inequality indices such as the UNDP's Gender Inequality Index (GII), the World Economic Forum's Global Gender Gap Index and the OECD's Social Institutions and Gender Index (SIGI)
- National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Heath Surveys (DHS)
- Reports and evaluation of any out-of-school children programmes in the region
- Administrative data of the Ministry of Education and schools
- UNICEF, UNESCO and other United Nations database
- The latest country situation analysis for information on:
- 1.1
  - The status of women and girls (e.g. sex-disaggregated school enrolment, workforce and political representation, health status and gender-based violence (GBV)); and
  - The roles and policies of ministries and other institutions in addressing gender equality in education
  - UNICEF Gender Programmatic Review (if one has been conducted). especially if education programming was reviewed
  - Gender equality goals and targets in the Country Programme Document (CPD)
  - Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality in education
  - · Documents and assessments related to any existing genderresponsive education programmes in the country or region
  - Any evaluation of education programmes that included an assessment of equity including gender dimensions

0

| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 1.2 | Identify if there is national level data disaggregated by sex, age, ethnicity, location, wealth quintile, religion, caste, etc. on educational enrolment, completion, attrition and dropout rates at various levels (household, school system, district and policy levels) including frequency.  | O    |
| 1.3 | Analyze key national educational law and policy documents and assess if they address girls' education or gender equality as well as other risks, vulnerabilities and capacity gaps that will further impact on the education attainment of girls and boys.   | O    |
| 1.4 | Assess and document the gender gaps and disparities in education of the target population. Collect qualitative data that would help identify the gaps and disparities at the immediate (practical) and underlying (strategic) levels. The former includes information on barriers to access such as infrastructure deficits, teacher availability and their preparedness/training, school facilities that meet the needs of girls and boys. The latter includes information on gender norms, roles and beliefs surrounding education. To the extent possible, identify the specific disadvantages faced by women and girls of the most marginalized communities/groups. Use participatory assessment (interviewing both women and men, girls and boys) to gather information if necessary. | O    |
| 1.5 | Assess differences in coverage of interventions or access to quality education by sex and other social markers and identify the most disadvantaged areas with greater education support needs (e.g. largest number of out-of-school girls and/or boys).  | 0    |
| 1.6 | Ensure education staff who conduct assessment and situation analyses are gender-sensitive and have the local knowledge and cultural understanding of gender-related issues.  | O    |
| 1.7 | Work with women's and girls' rights organizations and inter-agency/inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance gender equality in education programming and redress gender disparities that favor boys, in some instances, and girls in others.   | O    |

| NO.  | QUESTIONS   | DONE |
|--|---|------|
| II. Analysis  What barriers and opportunities prevent or enable gender-equal rights for girls and boys to learn? Analyze the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/focal point in the analysis. |   |      |
|  | ENABLING ENVIRONMENT  |      |
| 1.8  | Conduct an analysis of the root causes, barriers and opportunities that prevent or enable girls and boys from achieving their right to education. These include gender-differentiated barriers linked to access to educational resources, as well as barriers to control over the use of the benefits of education. These may be operating at the household and community, school system or policy levels. They may concern duty bearers (national education policymakers, school administrations, mothers and fathers or community/religious leaders) and/or the rights claimants (girls or boys). | •    |
| 1.9  | Collect and analyze data on how each gendered barrier to education for girls impact on pursuing secondary education; this includes data on child marriage and early pregnancy, school-related GBV, and the direct and indirect costs of education.  | O    |
| 1.10   | Collect and analyze data on "never attending school" and drop out rates for girls and boys, the age of drop out, educational level, and reasons for drop out.   | 0    |
| 1.11   | For each of the identified barriers and reasons for drop out pertaining to girls vs. boys, determine both immediate causes (those easiest to address, usually by filling a gap or supplying a missing element) and underlying causes (those hardest to address, which will require change at the level of value systems and societal norms).  | •    |
| 1.12   | Identify the gender norms and practices that affect the gender gaps in education for girls and boys and that are drivers for drop out.  | 0    |
| 1.13   | Analyze if enforcement of international or national statutes have provoked a ripple effect to create and replicate existing barriers to education, for either girls or boys.  | 0    |

Identify both practical needs (related to the right to access education resources and equality of opportunity) and strategic needs (related

throughout different stages of the life cycle leading to equality of

**1.14** to the right to a quality education and the control of its benefits

outcomes) of women, men, girls and boys.

O

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 1.15 | Analyze if there is widespread discrimination against girls or boys based upon poverty, ethnic identity, geographic location, religion, caste, disability, and/or fragile and crisis conditions.   | O    |
| 1.16 | Draw conclusions from analysis of information regarding factors that contribute to:  • Gender differentials in drop out rates by age and educational level  • Gender disparities in ever attending school  • Constraints to gender-equal access to and benefits from education  • Opportunities to improve gender-equal access to and benefits from education and enhancing girls' and women's participation in decision making  All of the above should also be applied to populations and regions that are excluded or considered the most vulnerable. | 0    |
| 1.17 | Analyze if there are any other gender-related bottlenecks to reducing the number of children out-of-school that might diminish the effectiveness of the programme design.  | O    |
| 1.18 | Analyze if there are systemic funding constraints for national entities that limit capacity to provide education, social protection, care and support for vulnerable priority populations thereby hindering progress.  | 0    |
| 1.19 | Analyze if promising approaches exist that can be scaled-up or investigated further.   | 0    |
|      | SUPPLY   |      |
| 1.20 | Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders, such as women- and youth-led community-based organizations, working in education-specific and gender-sensitive programmes; and of existing coordination mechanisms across government, civil society and partner networks.  | •    |
| 1.21 | Analyze what critical commodities are lacking within the delivery process of education to girls and boys.  | O    |
| 1.22 | Identify the resource gaps that prevent access to quality education, including information, with a disproportionate impact on girls and/or boys. Specify for which population groups and regions resources and information are lacking.  | O    |
|      | DEMAND   |      |
| 1.23 | Analyze what factors impede demand for access to education, resources or opportunities that disproportionately impact girls and/or boys; and specify the level of education – pre-primary, primary, lower secondary, or upper secondary.   | O    |

| NO.     | QUESTIONS  | DONE |
|---------|--|------|
| 1.24    | Identify social norms, practices, beliefs, behaviors, and perceptions that lower demand of education for girls vs. boys (or are strong disincentives). Differentiate by population group and region.                 | O    |
| 1.25    | Identify what barriers prevent continuity of quality education for girls and boys, such as a lack of gender-sensitive facilities, gender stereotyping by teachers or teaching practices, security issues, fees, etc. | 0    |
| QUALITY |  |      |
| 1.26    | Analyze quality standards that are not being adhered to that impact access to and completion of education for girls and/or boys.   | ·    |

## **PROGRAMME DESIGN**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
|     | PRIORITISED ISSUES AND AREAS   |      |
| 2.1 | Make sure that the identified gender issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.   | •    |
| 2.2 | <ul> <li>Identify entry points in UNICEF programming to address gender-based educational practical needs and strategic needs identified in the analysis phase. Ask the following questions:</li> <li>What is UNICEF's mandate within the education focus area?</li> <li>What needs can be met by other UNICEF focus areas (e.g. distance to schools, opportunity costs of schooling to be addressed through incentives such as scholarships, availability of separate toilets with provisions for MHM, ratio of female-male teachers, etc.)?</li> <li>Include a gender specialist/Focal Point as well as beneficiaries (girls</li> </ul> | 0    |
|     | and boys) in the programme design and objective setting.   |      |
| 2.3 | Identify what gender responsive results that the programme aims to achieve and how to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do.  | 0    |
| 2.4 | Ensure that the logical framework addresses the underlying reasons for gender discrimination and the educational needs and priorities of girls and boys in order to reduce drop out rates, enable children who have dropped out to return to school, and improve gender parity in all levels of education, with a particular focus on disadvantaged communities. These needs and priorities should align with the findings from the gender analysis. See separate Section 2. Practical Steps for Gender Mainstreaming (page 67 – 68) of this toolkit for more information on how to develop a gender-responsive logical framework.       | 0    |
| 2.5 | Identify why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.  | 0    |
| 2.6 | Identify and harmonize the programme through collaboration with existing national programmes to address gender equality in education with a focus on out-of-school children.   | O    |

| NO.        | QUESTIONS   | DONE |
|------------|---|------|
| 2.7        | Ensure national legislation and policy frameworks on education consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.   | 0    |
| 2.8        | Invest in strategies and partnerships that keep girls and boys in schools, where they can receive quality education through to the completion of secondary education and in environments free from the fear and acts of violence.   | O    |
| 2.9        | Consider the main recommendations for the country made by CEDAW, CRC and UPR on gender equity in education.   | O    |
| 2.10       | Give due attention to gender inequalities among out-of-school children among refugee and migrant populations, children left behind, the disabled, and disadvantaged communities.  | O    |
|            | GOALS   |      |
| 2.11       | Identify the major objectives to be achieved in terms of gender-<br>responsive strategies to realize the equal right of girls and boys to a high<br>quality education and to reduce the numbers of out-of-school children.<br>Include women/girls and men/boys in setting these objectives.   | 0    |
|            | OUTCOMES  |      |
| 2.12       | Emphasize a human rights-based, gender-transformative and inclusive approach to quality pre-primary, primary, lower secondary and upper secondary education systems. Consider benefits and specific needs that will empower women/girls in accessing their rights and, where disadvantage exists, men/boys.   | 0    |
|            | OUTPUTS   |      |
| 2.13       | Ensure outputs are planned with the relevance and benefits in mind for both women and men or girls and boys to achieve outcomes in the programme.   | O    |
| 2.14       | Formulate outputs to reflect the gender-responsive approach to programme interventions.   | O    |
| ACTIVITIES |   |      |
| 2.15       | In consultation with community members (especially women and girls from the most marginalized communities), community/religious leaders and teachers (both female and male), identify the specific sets of actions that need to be taken at the household, community and school level to change prevailing gender norms and practices pertaining to education, and a transformation of the prevailing value systems around education. | o    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.16 | Engage men and boys as supportive partners for girls' education, and working with them to challenge attitudes and behaviors that perpetuate gender inequality. Provide programmes aimed at boys and male education staff to stop harassment of girls and to encourage attitudes of respect.   | O    |
| 2.17 | Identify types of interventions that can be designed to address the specific gender issues or remove differential barriers that diminish girls and boys access to and completion of education, ensuring that adequate resources and the necessary expertise and leadership are in place.  | •    |
| 2.18 | Consider the way to reduce costs paid for education, from pre-<br>primary level upwards, such as eliminating school fees and other<br>costs for textbooks; providing bursaries, stipends, scholarships and<br>cash transfers; eliminating hidden, voluntary or school administrative<br>charges; and providing multiple services at school such as meal and<br>health care.   | O    |
| 2.19 | Make schools more accessible and safe for girls and boys by constructing child- and gender-friendly schools and satellite schools staffed with qualified female and male teachers, providing safe transportation, and promoting flexible schedules, study and delivery models that focus on out-of-school children including those living with disabilities, affected by household chores, child labor, and conflict.   | 0    |
| 2.20 | Support development and implementation of reentry policies for pregnant or married schoolgirls and school-aged mothers. Increase provision of childcare for young mothers.  | O    |
| 2.21 | Work with local authorities (police, doctors, health services) and management information systems for education to improve the capacity to identify or locate out-of-school girls and boys, especially those who have never been to school, as well as those at risk of dropping out. This should apply to all levels of education. Emphasis should also be placed on children who tend to be invisible to the system – with no certification, the disabled, those from marginalized communities. | O    |
| 2.22 | Work with governments to address teacher deployment to facilitate the placement of female teachers in safe spaces, especially in rural areas and support the development of gender-responsive policies to advance teachers of both sexes and to reduce absenteeism and transfers. Provide performance-based incentives for teachers.  | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.23 | Support governments, schools and communities to remove gender stereotypes in teaching materials and other educational media, and promote development of bias-free teaching and learning materials, curricula and pedagogy.  | 0    |
| 2.24 | Consider to set quota systems or implement an affirmative action plan to facilitate women's involvement in school management, teacher organizations, etc.   | O    |
| 2.25 | Consider providing career counseling at the stage where girls and boys make career choices, and using successful female/male role models and mentors to help them make better choices. Include initiatives to improve gender parity among teachers at secondary school level.   | O    |
| 2.26 | Ensure activities are accessible to women, men, girls and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability.  | O    |
| 2.27 | Invest in programmes that increase incentives for girls and boys to stay in school after they complete compulsory education, such as inclusion of life skills and marketable skills.  | O    |
| 2.28 | Take into account the social or lived realities of women and girls while designing initiatives for women's and girls' empowerment to increase their access to education.  | O    |
| 2.29 | Take appropriate measures to tackle abuse and violence towards girls in school setting by addressing safe and clean water supply and sanitation facilities, developing and improving safe school policies and practices, including codes of conduct, reporting mechanisms and training for school-related gender-based violence (GBV), and support mechanisms for victims.          | O    |
| 2.30 | Assess if additional activities are necessary to more directly promote gender equality.   | 0    |
|      | TARGET BENEFICIARIES  |      |
| 2.31 | Ensure women, men, girls and boys benefit from the education programme, except where interventions specifically target women, men, girls and/or boys.   | O    |
| 2.32 | Given the equity focus needed, ensure that girls and boys from different excluded groups are targeted: with disabilities and special needs; from ethnic or linguistic minority groups; the very poor or in difficult life circumstances; children on the move, migrants and refugees; those affected by conflict and disaster; and those that have dropped out or are at high risk. | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.33 | Transform attitudes within the society by working with: (i) family, religious leaders, child care workers, teachers, education staff, and community members (ii) men and boys in general and (iii) media regarding the importance of girls' and boys' education.  | 0    |
| 2.34 | Target parents, especially fathers, to promote positive parenting practices and their engagement and interest in their children's education and performance. Get them involved in in planning, management, decision making and advocacy efforts. Promote participation of both mothers and fathers in school management committees and parent-teacher associations.   | 0    |
| 2.35 | Use implementation processes to empower girls and develop local capacity. Girls and boys should be considered agents of change who can be empowered to bring about the changes necessary to ensure education equity for all children. Provide them with life skills that break down gender stereotypes especially at the post-primary level. Include sexual and reproductive health and rights (SRHR) information through youth clubs and safe spaces. Introduce positive gender socialization to adolescents through different entry points. | 0    |
|      | IMPLEMENTATION  |      |
| 2.36 | Identify who will implement the intervention and if the implementing partners are gender competent. Identify if partners have a gender equality policy or strategy to implement the programme, and been trained on gender equality issues.  | 0    |
| 2.37 | Involve gender experts/focal persons, women's and girls' rights organizations and machineries in programme implementation.  | O    |
| 2.38 | Confirm if the required gender and sectoral capacity exists within UNICEF and if there are resources available to fill expertise gaps.  | O    |
| 2.39 | Consider the needs for additional gender-related capacity building or engagement of outside gender experts. Ensure experts are skilled in applying an intersectional approach and a strategy for men and boys' engagement.  | 0    |
| 2.40 | As far as possible, employ an equal number of women and men in the programme. Ensure an equal distribution between women and men of significant and appropriate roles.  | 0    |
| 2.41 | Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.). Conduct a review if necessary.   | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
|      | MONITORING AND EVALUATION (M&E)   |      |
| 2.42 | Devise a gender-responsive monitoring and evaluation (M&E) framework with a gender perspective to track outcomes on the programme with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quintile, religion, location, caste, etc. | 0    |
| 2.43 | Ensure monitoring and evaluation (M&E) examines both the content and process from a gender sensitive point of view.   | O    |
| 2.44 | Build in mechanisms of monitoring and evaluation, including gender auditing and the examination of gender-biased practices within schools.  | O    |
|      | INDICATORS  |      |
| 2.45 | Establish clear benchmarks and gender-disaggregated education indicators and ensure these are reflected in the M&E plans of the programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).                           | 0    |
| 2.46 | Ensure that gender-sensitive indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines. Refer to the GAP indicators in the relevant section of this guidance.   | 0    |
| 2.47 | Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.                               | 0    |
| 2.48 | Ensure that indicators capture qualitative as well as quantitative changes in the lives of women, men, girls and boys as well as education attainment for both girls and boys.  | O    |
|      | PARTNERSHIP   |      |
| 2.49 | Determine synergistic action necessary at different levels including household, community, schools, national ministries and policy makers.  | O    |
| 2.50 | Integrate a strategy for development of national capacity in implementation. Enable Ministry of Education and other relevant ministries to provide leadership and capacity to promote gender equality in education.   | O    |
| 2.51 | Work with governments and partners to develop national education sector plans addressing gendered socio-cultural and financial barriers to quality education.   | 0    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.52 | Identify key partners in implementing the programme, including national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth's civil society organizations (CSOs) that have experience in providing support for girls' and women's empowerment and rights to education and for men and boys' engagement. Assess their capacity for gender-responsive planning, implementation and monitoring. | 0    |
| 2.53 | When planning for support to training professionals, for example government officials and teachers, ensure that training on gender equality, gender socialization and gender-based violence (GBV) is included and equally accessible to females and males. Include gender specialist/focal point in designing and implementing the training.   | O    |
| 2.54 | Consider how schools could empower girls and boys as well as their parents to understand equal rights of women and men, girls and boys.  | O    |
| 2.55 | Work with key partners, including United Nations Girls' Education Initiative (UNGEI), the Global Partnership for Education (GPE), UNESCO, the World Bank and other organizations to support investment in addressing distance-related barriers to education, re-entry policies for young mothers and MHM in schools.   | 0    |
| 2.56 | Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, WASH, child protection, social policy, C4D, work with adolescents, etc. and ensure gender focal person/adviser are engaged to maximize the results.   | 0    |
|      | RISKS AND ASSUMPTIONS  |      |
| 2.57 | Analyze if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) in the programme and think how the programme deals with stereotypes and barriers.   | 0    |
| 2.58 | Address tuition fees and other financial and non-financial barriers to access to pre-primary, primary and secondary education as part of a comprehensive national plan that provides for adequate financial allocations to offset direct and indirect costs of schooling for vulnerable families and as a key component to address child marriage and school dropout.  | 0    |
| 2.59 | Identify the possible backlash to women and girls, and any risk factors that may be associated with programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them.  | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.60 | Assess any other gender-related bottlenecks that may reduce the effectiveness of the programme design.  | O    |
|      | RESOURCES   |      |
| 2.61 | Identify if the priority falls into the programme that is or will be substantially funded.  | O    |
| 2.62 | Allocate sufficient human, financial and material resources for gender-responsive activities related to the programme.  | O    |
| 2.63 | Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.   | 0    |
| 2.64 | Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.   | 0    |
| 2.65 | Allocate funds specifically for the development of strategies for increasing girls' and boys' participation in decision making.   | 0    |
| 2.66 | Allocate funds for a men and boys' engagement strategy in promoting gender equality in education and school environments free of gender bias.   | O    |
| 2.67 | Promote gender-budgeting in the national education budget process to generate tangible improvements in policy outcomes for women and girls.   | 0    |
|      | COMMUNICATION AND KNOWLEDGE MANAGEMENT  |      |
| 2.68 | Ensure that women, men, girls and boys participate in the programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.  | O    |
| 2.69 | Mobilize communities through outreach and awareness programmes by addressing gendered barriers at all levels of education (for girls, child marriage, GBV, inadequate WASH facilities in schools and a heavy burden of household chores; for boys, corporal punishment, low expectations of academic performance, child labor). | 0    |
| 2.70 | Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in programme design.   | 0    |
| 2.71 | Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in the programme.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.72 | Develop communication campaigns that are aimed at addressing harmful social norms that are related to gender or to excluded groups.  | O    |
|      | INNOVATION   |      |
| 2.73 | Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach most hard-to-reach women and girls such as those with disability, from minority populations, without parental care and in emergency context. | 0    |
| 2.74 | Explore opportunities to make use of social media, digital applications, and distance learning to reach more girls and boys out-of-school or at risk, using a gender-sensitive approach to identifying the most appropriate channels for girls and boys.                             | 0    |
| 2.75 | Seek entry points for embedding positive gender socialization in programming, e.g., with parents, teachers, and students.  | O    |

## **IMPLEMENTATION**



| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 3.1  | Identify and implement required activities to achieve the proposed gender outputs and outcomes as outline in the programme.  | 0    |
| 3.2  | Review the results of programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.                          | 0    |
| 3.3  | Identify any changes observed to empower women and girls as well as men and boys through awareness raising and improved knowledge.   | 0    |
| 3.4  | Ensure the programmes are participatory and inclusive in a way that includes parents (especially fathers), teachers, and community members in assuming responsibility for ensuring educational equity for all girls and boys from all backgrounds. | 0    |
| 3.5  | Create opportunities for women, men, girls and boys to speak freely without judgment, and develop programmes that support empowerment to avoid discriminatory practices hindering women's and girls' participation in decision-making processes.   | 0    |
| 3.6  | Update policies/strategies, guidelines and bylaws on education to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.   | •    |
| 3.7  | Conduct evidence-based advocacy to ensure national legislation and policy frameworks on education consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.   | 0    |
| 3.8  | Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for the programme. Ensure that commitments and actions are documented, followed and reported in a timely manner.    | •    |
| 3.9  | Ensure gender inequalities are regularly reviewed and addressed for programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.  | 0    |
| 3.10 | Make sure that working partners have adequate skills to integrate a gender equality perspective into the programme and with a minimum gender bias.   | 0    |
| 3.11 | Define and mobilize collaborative efforts and strategies with all partner organizations.   | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 3.12 | Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups.    | 0    |
| 3.13 | Ensure that data and data analysis portrays the situation of the most marginalized.  | 0    |
| 3.14 | Conduct a regular programme review to assess whether the programme is making full use of women's, men's, girls' and boys' capacities.  | O    |
| 3.15 | If mitigation measures for gender-based risks including violence were included in programme design, ensure that they are being implemented.  | O    |
| 3.16 | Assess if any gender issues have arisen that were not identified at the programme design stage. Consider how they can be addressed.  | O    |
| 3.17 | Establish information sharing mechanisms with/between partner organizations and affected communities focusing on gender inequalities in education. Ensure actors in education liaise with actors in other sectors (i.e. health, nutrition, WASH, child protection, C4D, adolescent empowerment, etc.) to share best practices. | 0    |

## **MONITORING**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 4.1  | Make sure a set of interventions designed in the programme are being implemented as planned using the monitoring and evaluation (M&E) plan.   | O    |
| 4.2  | Ensure activities are leading to expected results. Assess the cost-effectiveness of interventions.  | O    |
| 4.3  | Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to and control of education benefits.  | O    |
| 4.4  | Ensure that all data collected is disaggregated by sex, age, religion, wealth quintile, location, ethnicity, disability status, etc.  | O    |
| 4.5  | Ensure that voices of participation of national and sub-national institutions, partner agencies and affected communities and their equitable participation are involved in the collection of information.   | 0    |
| 4.6  | Collect and analyze data to identify any gender gaps in access, participation or benefit for beneficiary groups in the programme.  Ensure women and men, girls and boys are accessing programme benefits equally. Undertake observation/spot checks to identify early potential problems or negative effects. | 0    |
| 4.7  | If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.  | 0    |
| 4.8  | Address the specific identified root gender-based causes that still contribute to education disparity between girls and boys in preprimary, primary, secondary and tertiary level.  | O    |
| 4.9  | Undertake corrective actions as needed to adjust interventions based on monitoring results to address gender inequalities.  | O    |
| 4.10 | Analyze if any adjustments need to be made to scale-up the programme components that are responsive to change, or curtail those that appear to raise the risks of reinforcing negative trends in gender inequalities.   | O    |

## **EVALUATION**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 5.1 | Assess if all the proposed activities have been carried out in the manner outlined in the programme's implementation plan and are leading to expected results. Identify what were the key contributing factors results in these accomplishments.   | •    |
| 5.2 | Identify to what extent the intervention is responsible for the measured or observed changes and if they can be scaled up. Assess if interventions were affordable and cost-effective.   | •    |
| 5.3 | Assess if results delivered to all key stakeholders (including women/men, girls/boys) who were affected by the gender inequality in education.   | •    |
| 5.4 | Evaluate the extent to which girls and boys from all demographic groups have gained equal access to education at the primary and secondary levels; and their rates of equitable education attainment (enrolment, attendance, performance, advancement and completion, as well as attrition and dropout rates, proficiency and repetition rates). Record what data sources and methodologies are used to ascertain that.  | •    |
| 5.5 | Identify how the interventions on educational equity for girls and boys change the socio-economic condition and position of women and girls and that of men and boys with respect to: labour market access and wage levels; personal autonomy and empowerment; decision-making power, livelihood security and reduced poverty.   | •    |
| 5.6 | Evaluate gender-responsive behavior change through proxy indicators that can be correlated to the improvements in educational equity for all girls and boys, such as:  • improved attendance rates by girls and boys at each level  • reduced dropout rates/school withdrawal rates for girls and boys  • improved transition from primary to lower secondary  • improved completion of secondary  • lower repetition rates  These data should be disaggregated not only by sex, but also by age, location and for other key demographic variables (race/ethnicity). | •    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 5.7  | Analyze positive shifts in girls' and boys' continuity and advancement in school (which would attest to the shifts in teachers' non-gender discriminatory pedagogical practices in the classroom, and gender-responsive books and curricula).  | O    |
| 5.8  | Assess how positive changes in school infrastructure affect girls' continuity and advancement in school (i.e. safe sex-disaggregated toilet, availability of water, transportation, etc.)  | O    |
| 5.9  | Assess how positive changes in the school environment – less corporal punishment, less peer bullying and physical violence – affect boys' continuity and advancement in school.  | O    |
| 5.10 | Analyze how interventions contributed to achieve the desired impact in terms of changing knowledge, awareness, participation, decision making and behaviors among women, men, girls and boys in terms of access and quality of education.  | 0    |
| 5.11 | Involve parents and other community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyze the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure results on the programme are sustained beyond the programme duration. | 0    |
| 5.12 | Use a combination of female and male evaluators where possible.  | 0    |
| 5.13 | Assess what difference the programme made for the indirect beneficiaries.  | •    |
| 5.14 | Analyze what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change).  | O    |
| 5.15 | Identify if there are any examples of unintended gender-related outcomes.  | O    |
| 5.16 | Consider what potential workarounds or solutions are planned or being planned to address the further challenges.   | O    |
| 5.17 | Assess what unique opportunities exist in the country to see a further improvement of gender parity in education and a reduction in drop out rates. Among those, identify which are most important for UNICEF to act on.   | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 5.18 | Collect and analyze disaggregated data on an annual basis to understand the trends and patterns in school systems, such as the equitable recruitment, placement and advancement of teachers of all genders, the quality of the curriculum and resource availability (books and pedagogical tools) across schools (low-income communities as compared to better off ones), to identify the systemic constraints that may impede the achievement of education equity for all girls and boys. | 0    |
| 5.19 | Ensure the evaluation include concrete recommendations for follow-<br>up initiatives. Identify what evidence of progress is available on<br>country reduction of gender gaps in education.   | O    |

## **REPORTING**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 6.1 | Document lessons learned and best and innovative practices related to gender mainstreaming and education for learning, communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond to as well as those that were successfully addressed in the programme. | •    |
| 6.2 | Ensure all data reported on is disaggregated by sex, age, wealth quintile, location, religion, ethnicity, disability status, etc.  | O    |
| 6.3 | Consider how and to whom to communicate the results of the initiatives.  | O    |
| 6.4 | Disseminate the gender-related results of the programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.                  | 0    |
| 6.5 | Strengthen national education data information systems and national statistical offices to be gender-responsive (beyond gender parity) as an important basis for building evidence generation on gender equity and knowledge sharing.  | •    |
| 6.6 | Refer back to gender analysis and capture and report on how the programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.                                     | •    |
| 6.7 | Use key gender gaps or opportunities that have been identified but were not able to be addressed during programme implementation as the basis to inform the design of future education programmes.   | •    |
| 6.8 | Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.  | O    |



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# FLAGSHIP RESULT: IMMUNIZATION COVERAGE

ECARO GUIDANCE ON GENDER RESULTS AND REPORTING FOR FLAGSHIP RESULTS





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# FLAGSHIP RESULT IMMUNIZATION COVERAGE

**ECARO Guidance on Gender Results and Reporting for Flagship Results** 



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# SECTION 1 **GENDER-RESPONSIVE RESULTS-BASED MANAGEMENT**

The first section of this toolkit on the flagship result was designed to provide guidance on applying a gender-responsive approach to results-based management.

To skip to Section 2 of the Technical Guidance, go to page 42.



#### **Why Gender Matters**

The section begins with an introduction to the ECA context and addresses the critical gender barriers prevalent in the region that pertain to immunization. A short set of reflection questions is included for each priority gender issue. Additional data in form of graphs as well as country highlights also substantiate a discussion of the issue. If you prefer to go straight to the gender barriers, go to page 14.



#### Other Global and Regional Sectoral Guidance

Should you wish to consult other gender guidance, the resources that are highlighted here will take you directly to the most recent global guidance for gender mainstreaming in the Situation Analysis phase, in the development of Programme Strategy Notes, the preparation of the Country Programme Document, or the undertaking of a Gender Programmatic Review which includes a toolkit.

Other regions – ESARO, EAPRO, and ROSA – have also developed gender guides or briefs tailored to their regions. Other regions can also offer useful examples by sector, GAP area, or a specific programmatic focus. It is worth noting that the ROSA Gender Toolkit was the precedent to the ECARO Gender Toolkit and was therefore adapted to the context of the ECA region.



#### **Gender Results That Can Be Achieved**

Here is an articulation of possible gender outcomes or results that ensue when systematic attention is drawn to gender disparities. Gender results are formulated for "boys and girls," "care and support of all children," which represent the Gender Action Plan (GAP) themes for gender integration in programming, and "adolescent girls' empowerment," representing the Targeted Gender Priorities in the GAP. Throughout the document, you may also find examples of gender results from specific subregions or country offices under "Country Highlights."



#### A Gender-Responsive Theory of Change

An illustration of a gender-responsive theory of change, in a simple format (without multiple levels of causality) is provided for a sample programme outcome with relevance to a particular sub-region.

This is followed by a set of gender-responsive output statements at four levels: enabling environment, demand, supply and quality. Of the four examples, two of them are further broken down to show how the statement would change along the continuum from gender-negative to gender-transformative.



#### **Choosing Indicators**

A menu of indicators that are aligned with the Gender Action Plan priority areas with their associated SIC codes and GEM marker ratings, relevant to this particular flagship result, is provided for easy referral.



#### **Useful Resources**

The resources listed here will help navigate you to other reference guides, data, and reports relevant to gender integration for this flagship result. This set of resources is not intended to be as comprehensive as a literature review; it is a short list of the most relevant documents that complement this guide in their analysis, empirical evidence, or instructional depth.

#### REGIONAL FLAGSHIP RESULT

#### **Current outcome statement:**

By 2021, all countries in the ECA region have 95% of children at national level and at least 80% of children in every district vaccinated with DTP/Penta 3.



### WHY GENDER MATTERS

#### Introduction to the ECA Regional Context

Immunization is a core intervention to reducing child mortality. Vaccine-preventable diseases still contribute to 13 percent of under-five mortality. The diphtheria-pertussistetanus (DPT) vaccine, administered in three doses, is one of three vaccines given to infants under one year of age.<sup>2</sup> In 2012, the World Health Assembly adopted the Global Vaccine Action Plan (GVAP) 2011–2020. In the region, all Member States signed the European Vaccine Action Plan (EVAP) which acknowledged that in order to maximise the benefits of vaccination, immunization programs should aim to extend DTP3 coverage to 90 percent in every country by 2015, with each district having at least 80 percent coverage, and targeting children from the most disadvantaged communities.

Most countries in Europe and Central Asia have immunization coverage of 95 percent or more for three doses of diphtheria, tetanus and pertussis (DTP3), often seen as a proxy indicator for the performance of routine immunization programs. However, while most national averages for DTP vaccination may be adequate, the regional average is hovering at around 92 percent, a slight increase from the previous year at 90 percent, which still is not high enough to ensure immunity for everyone. Around 400,000 children under age one in the ECA region did not receive the three recommended doses of DTP vaccine in 2017.

Over 70 percent of the region's unvaccinated infants are from middle-income countries, with Ukraine presenting the lowest coverage rate and the greatest challenge. National averages also mask disparities, with Roma children and those from other ethnic and vulnerable groups, including refugee and migrant children, all lagging behind.

As evident from the measles outbreaks in the region, there are also concerns about 'vaccine hesitancy' – a growing mistrust of immunization among some parents, fueled by myths and misinformation and interpersonal communication skills of health professionals to address parent's concerns. A recent literature review on the topic showed that, among the single major determinants of vaccine hesitancy, 12 percent related to socioeconomic/religion/gender/other factors.<sup>3</sup> Such hesitancy may stem from negative media stories linking a child's death to immunization without the full facts.

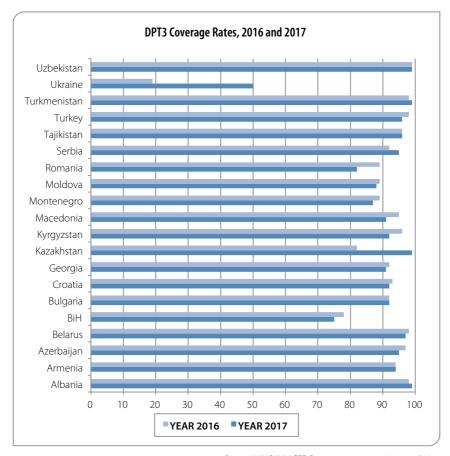
<sup>&</sup>lt;sup>1</sup> See citation on the UNICEF ROSA website, http://www.unicefrosa-progressreport.org/eradicatepolio.html#ref3: Rota: Preliminary data (US Center for Disease Control), Hib and PCV: John's Hopkins University, other causes: WHO – Global Health Observatory, 2017. Accessed 20 March 2019.

<sup>&</sup>lt;sup>2</sup> The other two are one dose of BCG (against tuberculosis), three doses of oral polio vaccine (OPV), and one dose of measles-containing vaccine (MCV).

<sup>&</sup>lt;sup>3</sup> A. Burnett. 2017. Immunisation and Vaccine Hesitancy in Europe and Central Asia: A Systematic Review of Literature (2008-2017) and Field Visits to Bosnia and Herzegovina, Republic of Moldova, Romania and Ukraine. UNICEF ECARO. December 2017.

It may be influenced by the region's anti-vaccine movements, which spread antiimmunization messages. Meanwhile, measures to counter vaccine hesitancy and build parental trust in immunization are hampered by a lack of discussion with both mothers and fathers about its importance and the minimal risks.

DPT3 Coverage rates for the last two available years – 2016 and 2017 – by country are provided below and sourced from the WHO/UNICEF global database. 4 Those countries which currently show coverage rates below 80 percent are: Ukraine at 50 percent, Bosnia & Herzegovina at 75 percent, Romania at 82 percent, Montenegro at 87 percent, and Moldova at 88 percent. Declines, albeit mostly slight, are evident in several countries, with the notable exception of Ukraine that increased coverage from 19 to 50 percent.



Source: WHO/UNICEF Coverage estimates, 2016 and 2017

<sup>&</sup>lt;sup>4</sup> See data.unicef.org/child-health/immunization or www.who.int/immunization/monitoring\_surveillance/data/en/. Only Kosovo is not available.

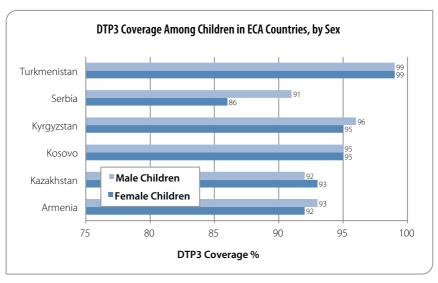
#### **Country Highlight**

#### **Armenia**

The Armenian National Immunization Programme is one of the best performing programs in the region, with coverage against most antigens over 90% and rising, as confirmed by WHO/UNICEF coverage estimates, disease surveillance and epidemiology data. Sex differentials are minimal for all WHO recommended vaccinations. Rural vaccination rates are slightly higher than urban areas, at 92% vs. 88% respectively, for all basic vaccinations. There is also no clear association to be drawn between a mother's education or the household wealth quintile and vaccination status.

Source: COARS - Immunization, n.d.

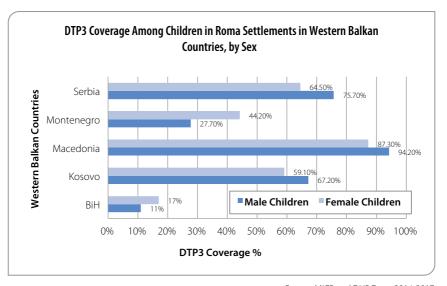
Sex-disaggregated data for immunization coverage are shown in the following graph. These represent countries for which MICS (and DHS for Armenia) data were available from 2014 onwards.<sup>5</sup> A marked gender disparity exists for Serbia; Armenia and Kyrgyzstan show a one-percentage difference in favor of boys, and Kazakhstan a one-percentage difference in favor of girls.



Source: MICS and DHS Data, 2014 - 2017

<sup>&</sup>lt;sup>5</sup> Armenia, DHS, 2016; Kazakhstan, MICS 2015; Kosovo, Kyrgyzstan, and Serbia, MICS 2014; and Turkmenistan, MICS 2016.

Gender disparities in coverage rates are more pronounced for Roma communities in countries in the region, as illustrated in the graph below (see also Preferential Treatment by Sex below). In general, coverage rates are considerably lower for Roma communities – 35 percent in Montenegro, 63 percent in Kosovo (UNSCR 1244), and 65 percent in Serbia.



Source: MICS and DHS Data, 2014-2017.

Interventions to support Roma communities in Serbia are described in the textbox below. The Roma communities have lower coverage rates than the national level and gender disparities for most vaccinations.

#### **Country Highlight**

#### Serbia

UNICEF is supporting the Ministry of Health in its national efforts to focus on the most marginalized children who are excluded from full access to health services. Health indicators for Roma children are all significantly lower than the national average. The DPT3 coverage rate for children in Roma settlements before age two is 64.5 percent compared to 87.4 percent nationally. Measles coverage is even lower at 63.3 percent versus 93.4 nationally, and full immunization coverage by age two is a mere 12.7 percent versus 70.5 percent nationally (MICS 2014 data). Vaccination levels decline by wealth category, with poorer households showing lower vaccination rates and by the level of the mother's education. Vaccination rates for girls (age 12-23 months) tend to be lower than for boys for most types of vaccinations – for DPT3, for example, the second dose is 90.6 coverage rate for girls vs. 94.4 for boys and the third dose, 86.3 and 91.4, respectively.

To address low immunization rates, UNICEF recently conducted a knowledge, attitudes and practices (KAP) study to formulate an effective response to the decline, especially around measles, mumps and rubella. It was reported that while 92 percent of parents claimed they had vaccinated their children according to the schedule, only 79 percent claimed they would continue to do so in the future, leaving 18 percent of parents hesitant to immunize and one percent refusing. Hesitancy is more prevalent amongst urban vs. rural areas and it is expected that there will be more hesitancy amongst better-off families in the future. UNICEF is partnering with Roma CSOs to implement outreach programmes that will improve health outcomes for Roma children, complementing the role of the Health Ministry's Roma Health Mediators that are reaching out to this vulnerable population.

In light of the measles outbreak, the KAP study findings are informing the development of a communication/C4D strategy to increase demand for immunization that includes an interpersonal communication training package for frontline health workers in cooperation with Johns Hopkins University.

Sources: MICS data, 2014: and UNICEF Belarade, 2017, Knowledge, Attitudes and Practices in relation to Immunization of Children in Serbia.

#### **Gender in Context**

This section offers a description of gender issues in the specific context of the ECA region and begins with a brief summary of the critical gender barriers and bottlenecks that can be used in the causal analysis of gender inequalities relating to child immunizations. This is followed by highlights of the priority gender issues which influence immunization outcomes and for which there is sufficient evidence in the region.

#### The relevant gender barriers

Most of the gender barriers in relation to child immunization have to do with constraints on mothers in their role as caregivers. Women's access to health care for their children, particularly in rural areas, may be affected by transport costs to reach vaccine services. In some country contexts and among marginalized population, women's lower status in the household and community limits their capacity to act on their own and their child's behalf. Further, women's (or other household decision makers') lack of accurate health literacy leads to limited understanding of immunization, low motivation to vaccinate, weak capacity to negotiate the health system, and a susceptibility to false information. Women's triple burden of assuming domestic, reproductive and productive roles, as is especially the case for working mothers in this region, may discourage them from seeking immunization services if they are not readily available and/or free of charge. Out of pocket costs would be negotiated as part of household budget decisions, where women's influence varies. Finally,

#### **GENDER BOTTLENECKS AND BARRIERS**



Lack of safety and mobility



Lack of resources and decision making



Limited access to knowledge, information and technology



Gender division of labour between women and men, girls and boys



Masculine and feminine ideas and expectations

the gender norms that project women as caregivers and fathers as breadwinners are a driver behind the non-engagement of men in caregiving and support for the health and well-being of both mothers and children, MICS and DHS data provides insights on these gender social determinants related to immunization.

Differential outcomes in immunization rates by sex, and in general in disease prevention and treatment, exist in some countries and among specific population groups, owing to both socio-economic exclusion and adverse gender norms. Among the Roma communities, son preference and the low status of women and girls, who are more apt to experience early marriage and childbearing,

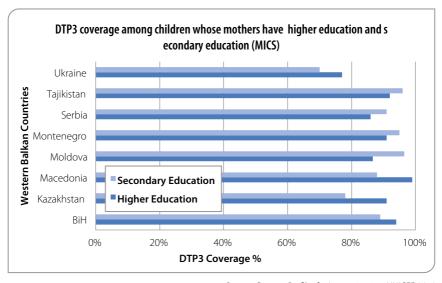
contribute to gender disparities in child health. Roma women and girls with a low education level and from the poorest strata are a higher risk group.

#### Priority gender issues and key questions

Each of the priority gender issues affecting at least a share of the countries in the region and linked to immunization rates is described briefly below. This is followed by a selection of two-three questions to consider at an early stage of the analysis. A fuller set of questions can be found in Section 2 and a checklist for each phase of programming.

#### The mother's education

While there is generally been shown to be a clear link between maternal education and better child health, in the case of immunization coverage in the ECA region, education status was associated with both lower and higher levels of vaccine acceptance.<sup>6</sup> In the graph below, only half of the eight countries had higher DPT3 coverage rates for mothers with a higher vs. a secondary education.



Source: Country Profiles for Immunization, UNICEF, 2018

The study on vaccine hesitancy showed varying results for countries in the region and reported, for example, that in Central Asia, there were no significant differences related to education, except for Tajikistan which is an example of a country where the higher the mothers' education level, the less likely they were to have obtained all basic vaccinations

<sup>&</sup>lt;sup>6</sup> Burnett, A, "Immunisation and Vaccine Hesitancy in Europe and Central Asia: A Systematic Review of Literature (2008-2017) and Field Visits to Bosnia and Herzegovina, Republic of Moldova, Romania and Ukraine." UNICEF ECARO, December 2017, p. 23.

for their children.<sup>7</sup> This suggests that, with the evidence currently available, it is not possible to attribute vaccine hesitancy to specific socio-economic factors, however, there is a plausible link between higher levels of education and use of the Internet, where media sources are known in some places to be dominated by negative information about immunizations (e.g., Moldova, Central Asia).8

#### **OUESTIONS**



- 1. What additional research is needed to understand the differences in immunization outcomes among mothers of different education levels?
- 2. How can UNICEF make greater use of social media and the Internet to positively influence mothers and other caregivers in their perceptions of child immunizations?
- 3. What data need to be gathered and reported systematically (across all countries) to substantiate evidence on the role of mothers' education and access to the Internet in relation to immunization coverage?

#### The mother's health literacy

Women who lack health literacy generally are apt to have insufficient understanding of immunization, such as knowing which diseases vaccines prevent or the vaccine dosage and schedule. In light of current trends in vaccine hesitancy, misinformation about vaccines and their effects presents an even greater challenge. While women may be subject to misinformation, they are also subject to social norms that may prevent them, as caregivers, from deciding their children's vaccines. There is increasing evidence on the role of influencers in the community on utilization of immunization services, such as key authority figures (in social media and/or public sphere) or religious institutions that may result in conflicting positions on vaccination. Where resistance to vaccination is prevalent, it is typically led by men and other authority figures, such that, whether women agree with the gatekeepers or not, they may feel considerable pressure to not vaccinate their children.9 In general, men are less likely to think vaccines are important than women.10 As noted earlier, mothers' exposure to independent sources of information, such as mass media or the Internet, can influence coverage rates positively or negatively. In Kosovo, for example, children born to mothers who use the Internet had a DPT3 immunization rate of 85 percent compared to those who did not use the Internet at 94 percent. 11 For evidence relating to mothers with access to computers and exposure to mass media, some of the empirical evidence shown in the graphs below show that mothers who use computers have lower rates of coverage and mothers exposed to mass media have significantly higher rates of coverage.

<sup>&</sup>lt;sup>7</sup> Burnett (2017), p. 23f.

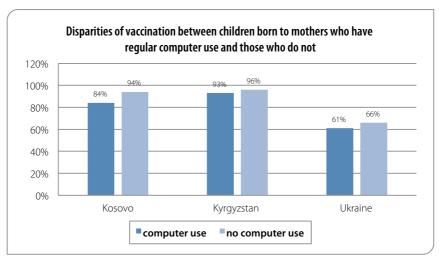
<sup>&</sup>lt;sup>8</sup> Burnett (2017), p. 27.

<sup>9</sup> Feletto et al., 2018, p. 8-9.

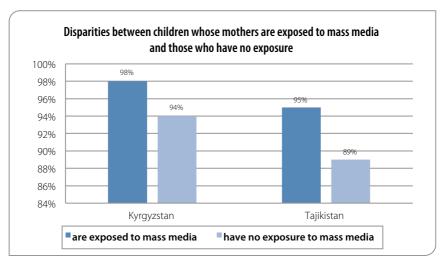
<sup>&</sup>lt;sup>10</sup> A. Burnett, 2017, citing Peretti-Watel, P. et al., 2015. P. 40.

<sup>&</sup>lt;sup>11</sup> 2013-2014 MICS data cited in "Country Profiles for Immunization." UNICEF ECARO, n.d.

Research also shows that mothers are more inclined to use the internet to search information related to their child's health than fathers. 12



Source: Country Profiles for Immunization, UNICEF, 2018.



Source: Country Profiles for Immunization, UNICEF, 2018.

<sup>&</sup>lt;sup>12</sup> Zhang, Dongmiao, and Sonia Livingstone, "Inequalities in How Parents Support Their Children's Development with Digital Technologies: Parenting for a Digital Future: Survey Report 4." LSE Department of Media and Communications, January 2019, p. 2.

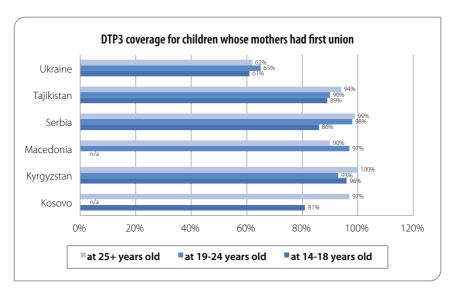
#### **QUESTIONS**



- 1. What strategies are being engaged to improve the health literacy of mothers and other caregivers and how can they be scaled?
- **2.** How can advocacy campaigns be designed to have a greater influence on mothers, fathers and other caregivers than the information they receive through other channels?
- **3.** What research is needed to gain a more complete understanding of the sources of information and social pressures affecting mothers' ability to make and carry out decisions on child immunization?

#### Lack of female autonomy

Women are typically the primary caregivers for their children, but, in some contexts, their lower status in the household and the community may inhibit their ability to act on their own and on their child's behalf. Owing to the power dynamics of the household, women's decision making power is negotiated. A woman's bargaining power comes up against male authority but also, in some cases, the authority of elderly women in the household, the latter often the reliable source of information on health for young mothers. Young mothers are often the least empowered in all aspects of decision making and access. Data from the region show that for children born to mothers whose first union was very young or younger than other mothers, their immunization rate tended to be lower.



<sup>13</sup> Feletto et al., 2018, p. 8.

#### **Country Highlight**

#### Ukraine

Ukraine is one of the countries that has been beset by immunization challenges and a significant measles outbreak which UNICEF continues to respond to as part of its support to the Government. Ukraine is recovering from the major vaccination crisis fueled by a lack of trust and a disruption in vaccine supplies from 2009 to 2016. However, positive trends in vaccination attitudes and practices among parents have been observed. Based on a National KAP survey in 2017, 75 percent of parents demonstrated positive attitude towards vaccination, while the more recent 2019 National KAP survey shows that 88 percent of mothers are vaccinating or trying to vaccinate their children according to the national schedule

UNICEF continued to support the Government with behavior change communication interventions aimed at decreasing refusals and barriers towards routine vaccination during 2018 and reached over 7 M people with TV programmes. About 800,000 mothers viewed personal video stories of popular blogger-mothers sharing their experience with vaccination. Over 2.6 million parents learned the risks of infectious disease by watching a video on YouTube. Additional efforts have been allocated towards responding to the measles outbreak in 2018, including engaging over 250,000 parents on a weekly basis through a digital education app (notifications) on measles on social media. At the start of 2019, UNICEF supported a 'special operation' in the region most hard hit by an outbreak (the region of Lviv) and rolled out a community engagement campaign with local opinion influencers, parents in schools and faith based organizations. While the majority of communication efforts targeted mothers, the Country Office has been analyzing remaining bottlenecks and barriers including those among mothers and fathers. In the latest national KAP Survey, the data proved that fathers are less aware of the dangers of infectious diseases and less convinced that vaccination is an effective protection. As a result of this finding, UNICEF will launch its first digital app dedicated to fathers.

Source: Ukraine country information; KAP Surveys 2017 and 2019.

For example, in Serbia, mothers whose first union was in the age bracket of 14-18 years had an immunization rate of 86 percent for their children vs. 99 percent for mothers whose first union was at age 25 or older.<sup>14</sup> Lower rates of immunized children also exist for the same reason in Kazakhstan, Kosovo, Kyrgyzstan, Tajikistan, and Ukraine.

<sup>14</sup> MICS 2014 data.

Different cultural settings may also make it unsafe for women, especially younger mothers, to travel long distances to health clinics to bring their children for immunizations. This equally applies to follow-up visits to complete the immunization schedule. Women tend to have less financial autonomy than men and transport costs, the time it takes to reach a health clinic, loss of wages, and out-of-pocket expenses may deter mothers from bringing their children for vaccinations. This constraint may be accentuated for single mothers and women in low-income households who may find it difficult to prioritize preventive health care interventions over conflicting subsistence needs.

#### **OUESTIONS**



- 1. What research is needed to be able to provide child health promotion interventions to the family as a whole and to the relationship between males and females?
- 2. How do positive parenting programs address gender power relations within the household?
- 3. How are adolescent programs supporting gender equitable relations and prevention of early union?



#### **Gender Socialization and its** Relevance to Child Care

Gender socialization refers to the processes by which individuals (especially children and adolescents) internalize, or take on, those informal rules or shared beliefs shaped by gender norms. Perpetuated by individuals, families, communities, religious institutions, State Institutions, National laws and policies, private sector, and media, Gender Socialization impacts all aspects of life and the social norms of a community or culture

In the ECA region, gendered parenting roles persist with limited sharing of responsibility for childcare. ECARO has developed tools on gender-responsive parenting practices that now includes a module for home visiting nurses on "gender socialization and gender dynamics in families" to address the co-responsivity of mothers and fathers for childcare, the root causes of gender inequalities, and how home visitors can begin challenging the prevailing gender norms. Another module focuses on positive fatherhood practices.

#### **Burden of care**

Due to the traditional roles conferred upon them, mothers and other female family members act as the primary caregivers of children and, in some countries, without the decision making power over their children's health care. The gender bias is reinforced by health care services that also target mothers as the primary caretakers in the way immunization services are presented, the kind of information they provide, and how they are organized and managed. The health care system may therefore discourage fathers as caregivers and from playing an active role in the health and care of their children. 15

Further, because women have the double burden of routine domestic work (which includes care of children and the sick) and livelihood activities, they have heavy demands on their time, which may leave little opportunity and time for health seeking. The poor infrastructure in rural or remote areas poses a challenge, while the increasing participation of women in the workforce is a greater challenge in urban areas.<sup>16</sup>

#### **OUESTIONS**



- 1. How effective are positive parenting programs in engaging fathers actively in child care and development with positive effects on decisions related to childcare, but as well, on altering the gender inequalities in domestic work?
- 2. How well are cross sectoral programs aimed at building the capacity and the professionalization of health care workers focused on improving the relationship between health care worker and male caregivers and the information provided to caregivers generally?
- 3. Is the promotion of home visiting having a more positive effect on male engagement in caregiving and on child immunization rates?
- 4. Are there statistics on positive parenting programs in the region to show if they are sustainable – do they exist as part of the health systems and do they benefit from independent evaluations?

#### Preferential treatment by sex

In most low and middle-income countries, boys and girls have the same chances of being vaccinated. However, disparities exist at sub-national and with geographically marginalized populations, whereby boys may be advantaged or, in some contexts, girls may be advantaged. In the ECA region, Roma children, girls and boys equally, do not receive adequate disease prevention and treatment services.<sup>17</sup> Roma children aged 18-29 months are less likely to be immunized than non-Roma children in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia. Coverage tends to decrease for the second and third dose of all repetitive vaccinations. Sex differentials in immunization rates appear within some of the Roma communities.

<sup>15</sup> Ibid., p. 11.

<sup>16</sup> Ibid., p. 9.

<sup>17</sup> Burnett (2017), p. 21.

#### **Country Highlight**

#### **Kyrgyzstan**

Two recent studies were conducted in Kyrgyzstan, one on vaccine hesitancy and a KAP survey on immunization completed in 2017, with mothers and fathers of children under 5 years old, religious leaders, and healthcare professionals. The data are intended to inform the communication strategy on vaccination for 2018-2021 and for use by health promotion organizations to address vaccine hesitancy. The KAP survey found no significant differences in knowledge, attitudes and practices among the three groups. However, the person most influential on vaccination issues is the husband. Fathers tend to be more accepting of parents who refuse to have their children vaccinated than mothers. They believe refusal is based on a view that vaccination goes against religious principles, although they are more afraid of unwanted reactions from others if they choose to vaccinate their children than of actually violating religious principles.

More than half the women in registered marriages ask their husbands' opinion with regard to vaccinating their children. At the same time, women rarely ask their husbands for information about vaccination; only 16 percent of mothers interviewed mentioned close relatives, including husbands, as a source of information. Both mothers and fathers say the most trustworthy source of information is healthcare professionals. The hesitancy study showed a high level of mistrust on the part of the population in the quality of vaccines, most of which are based on rumors. Most respondents expressed a need for more information about vaccinations, especially the benefits and the composition of vaccines.

Sources: Namazova, A., and L. Minbaeva. "Knowledge, Attitudes, & Practices Towards Immunization in Kyrayzstan." Kyrayz Republic: Ministry of Health of the Kyrayz Republic, UNICEF and GAVI, 2018. And: Namazova, A., and L. Minbaeva. "Informative Study to Examine Reasons Behind Vaccine Refusals, Resistances, and Barriers." Kyrgyz Republic: Ministry of Health of the Kyrgyz Republic, UNICEF and GAVI. 2018.

For example, in Serbia, there are gaps in coverage between males at 75.7 percent and females at 64.5 percent. Disparities with a disadvantage for girls also exist in Macedonia, whereas the disparity in Bosnia Herzegovina and Montenegro is a disadvantage for boys. 18 However, son preference also manifests before birth and in countries such as Armenia, gender-based sex selection and a rise in traditional gender norms are being reported.19

<sup>&</sup>lt;sup>18</sup> UNICEF. Country Profiles for Immunization. ECARO Health Team. N.d.

<sup>19 &</sup>quot;Regional Report, Mapping of UNICEF's Investments in Gender Socialisation in Europe and Central Asia, UNICEF Global Mapping on Gender Socialisation." UNICEF, 2018, p. 49.

#### **QUESTIONS**



- 1. What are the research gaps in understanding sex differentials in immunization rates amongst vulnerable populations?
- 2. What have been to date the most effective strategies in addressing the gender barriers to child immunization amongst Roma communities?
- 3. How are trends in 'son preference,' where it exists in the region being taken into account when planning health service interventions?



#### **Males and Masculinities**

In a gender assessment for Serbia, the study highlighted the Balkan stereotypes of masculinity that shape girls and boys' psyche from an early age, such as being physically strong, able to protect, sexually mature and active, and not appearing soft or effeminate. In Armenia, for example, where sex discrimination begins before birth, the post-Soviet era has seen a revival of more restrictive gender norms. With its current focus on national security and militarization, boys are rewarded for their assertiveness, at times bordering on aggression.

The societal norm of machismo is detrimental to both women and men and has a particularly negative effect on children and the social and economic development of the country.

Source: Mapping of UNICEF's Investments in Gender Socialisation in Europe and Central Asia, n.d., p. 49.

#### **Quality of care**

The mother-provider interaction at a health facility is an important determinant of health service utilization. Differences between the user and the provider in terms of social or socio-economic status, gender, education, ethnicity/caste and other social stratification - shape the interaction and affects the quality of care which the woman experiences. The attitudes, behaviors, and knowledge of health care providers can deter women from attending health services. Roma women (and men) are even more disadvantaged and often experience direct discrimination by medical workers in the form of verbal abuse, humiliating treatment or even refusal to provide services.<sup>20</sup> Health care providers may not provide caregivers with accurate or sufficient positive information about vaccines

<sup>&</sup>lt;sup>20</sup> UNICEF. "The Rights of Roma Children and Women in Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia and Serbia." UNICEF, July 2015, p. 76.

for mothers and fathers to feel they were safe.<sup>21</sup> The responsiveness of services, the range available, the availability of female providers, and the extent to which privacy and confidentiality are respected feature strongly. The influence of negative experiences within the health profession cannot be underestimated; a recent study has shown that mothers who declared themselves anti-vaccination had formed their opinions on these experiences rather than on social media and public anti-vaccine advocates.<sup>22</sup> As a final note on quality of care, female providers' performance may be affected by gender bias and discrimination, which they experience within the health system.<sup>23</sup>

#### **OUESTIONS**



- **1.** What interventions were considered to improve quality of care addressing interpersonal communication between provider and caregiver (female and male)?
- **2.** Are male and female health care providers and social work force service providers being trained to promote non-discriminatory behaviors and attitudes?
- **3.** What might be the kinds of surveys required to monitor the satisfaction of mothers and other caregivers with health services with an emphasis on immunizations?

## Engaging men and recognizing other influencers with authority in the household

It is critical to understand who is making decisions around immunization. In some households, grandmothers may hold sway when it comes to deciding on immunizing children, breastfeeding practices, swaddling and other aspects of child care that are not informed by the current evidence base. In Uzbekistan, for example, older members of the family, such as the mother-in-law, in traditional households, may make the decision on vaccinating children. In Kyrgyzstan, the husband is the most important decision maker.<sup>24</sup>

#### **QUESTIONS**



- **1.** Where relevant, what are effective strategies for reaching grandmothers and other types of caregivers in the household? How can they be scaled up?
- **2.** How can information campaigns target adolescents as change agents in the community to influence household budgeting and decision making?
- **3.** What positive evidence exists in the region of engaging men as role models in support of maternal and child health?

<sup>&</sup>lt;sup>21</sup> Burnett (2017), p. 34f.

<sup>&</sup>lt;sup>22</sup> Burnett (2017), p. 42.

<sup>&</sup>lt;sup>23</sup> Feletto et al., 2018, p. 11.

<sup>&</sup>lt;sup>24</sup> Namazova, A., and L. Minbaeva. "Knowledge, Attitudes, & Practices Towards Immunization in Kyrgyzstan." Kyrgyz Republic: Ministry of Health of the Kyrgyz Republic, UNICEF and GAVI, 2018.



#### **Engaging Men and Boys for Gender Equality**

Men and boys, together with other key influencers, are gatekeepers in the gender order of the society, and shifting their perceptions and practices is critical to the gender justice process. Men and boys can play a vital role in transforming taken-for-granted social/gender norms and practices in order to bring about overall gender-based empowerment.

Social norms in the ECA region, such as child marriage, gender-based violence, gender-biased sex selection in some regions, and a growing re-traditionalization of gender roles supported by influential religious institutions, undermine the wellbeing of girls and women and operate in insidious ways to the detriment of men and boys.

Opportunities exist for men and boys to act as change agents to disrupt harmful practices, promote protective behaviors, and adopt caring and nurturing roles in support of maternal and child health, especially, as relates to This Flagship Result.

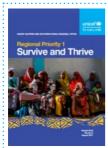
## OTHER GLOBAL AND REGIONAL SECTORAL GUIDANCE

The present guidance developed by ECARO should be consulted as part of an existing panoply of gender guidance developed within recent years. UNICEF's global guidance shown below takes country offices through the phases of programming that includes the option of conducting a Gender Programmatic Review. The ECARO guide was developed to complement and refer to the existing resources available to Country Offices.



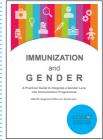
Other UNICEF regions have also been active in developing gender guidance. The ESARO and EAPRO guides below pertain specifically to the Health Sector but are part of a series capturing the other sectors aligned with UNICEF's Strategic Plan and with the Gender Action Plan (GAP)'s integrated gender results and targeted priorities.

The ROSA Gender Toolkit is of particular importance as its first two Sections, the first on Gender Concepts and UNICEF's Gender Commitments, the second on Practical Steps for Gender Mainstreaming, also serve as the foundation for the present ECARO guidance. As such, Sections 1 and 2 are recommended reference chapters that explain in greater detail the basis for the framework adopted herewith. Section 3 of the ROSA Toolkit consist of gender analysis questions and programme checklists designed for each of ROSA's Headline Results. The conceptualization of both the EAPRO and the ROSA guidance have inspired and been adapted in the formulation of the ECARO guidance.









One of 10 gender briefs developed by UNICEF ESARO on how to address gender equity in programming, using examples and challenges in the health sector from the region.

One of 7 sectoral guides developed by UNICEF EAPRO with specific examples on how to formulate gender-responsive outputs and results.

UNICEF ROSA's comprehensive toolkit of 400 pages is a reference document and precedent for the present ECARO gender guide on Flagship Results.

UNICEF ROSA's Immunization and Gender is a practical guide to integrate a gender lens into immunization programmes.

#### GENDER RESULTS THAT CAN BE ACHIEVED

Below is an illustration of gender outcomes or results that can be achieved if systematic attention is given to gender disparities.



#### For girls & boys

- As infants and children, they will have improved access to immunization services and to quality health care
- Lower child mortality rates attributable to preventable diseases
- Reduction in gender disparity in immunization protection
- Lower risk of infection for all children



#### Care and support of all children

- Mothers, fathers, grandmothers, and other caregivers are equally well informed about the services and benefits of vaccinations, as well as the importance of immunization
- Caregivers are supported in their right to immunize their children, by health workers, the community and household members
- Immunization services are respectful, gender-responsive and non-discriminatory towards all population groups
- Caregivers are reached with positive messaging and the importance of immunization
- Where necessary, mothers have access to female health workers



#### Adolescent girls and empowerment

- Awareness of the importance of immunization may increase rates of immunization for HPV (adolescent girls and boys)
- In marginalized communities, where child marriage may be higher than national averages, measures are put in place to reach adolescent mothers and decision makers in the household

#### A GENDER-RESPONSIVE THEORY OF CHANGE

Below is an illustrated theory of change for a sub-regional level outcome relating to the flagship result on immunization coverage. As a theory of change for the entire flagship result would be very comprehensive, a sub-region has been selected for illustration purposes only, with consideration being given to context.

**Sub-region:** Balkans (Montenegro, Macedonia, B&H, Serbia, Kosovo) and Turkey

**Programme outcome:** Advance sustainable coverage and equity\* of DPT3 immunizations in the Balkans sub-region and Turkey

\*sub-national levels, Roma communities, and gender



Sustainable coverage and equity of DPT3 immunizations in the Balkans sub-region and Turkey will be improved

- If there is a more robust evidence base on gender barriers in combination with other socio-economic determinants to explain pro- and anti-vaccine behaviors
- If mothers and other caregivers are equally well informed about the importance of child immunizations
- If health staff demonstrate gender-responsive and equity conscious behaviors, are able to communicate the advantage of vaccines respectfully and persuasively to male and female caregivers of all population groups
- If national entities providing immunization services are adequately funded to support gender-responsive infant/child health care for under-immunized vulnerable populations
- If mothers with newborn children in conflict and refugee settings have sustainable access to health, newborn and immunization services
- If gaps in the supply chain and management of vaccines is designed to also reduce time, effort, cost and other barriers to mothers and other caregivers to access immunization services
- If immunization services and the environment in which they are offered meet quality of standards of care
- If communication strategies to combat vaccine hesitancy target mothers, fathers, other caregivers and adolescents with particular attention to under-immunized areas and population groups

The following illustrate potential gender-responsive output statements for enabling environment, demand, supply, and quality. For two of the output examples, statements are formulated to illustrate the difference between gender-negative, gender-neutral, gender-sensitive, gender-specific and gender-transformative statements.

#### **Enabling Environment Output**



#### Gender-transformative

Strengthened evidence base on the social norms and intra-household power relations influencing decision making on child immunizations

#### **Gender-specific**

Strengthened evidence base on vaccine hesitancy amongst mothers whose first union was very young

#### Gender-sensitive

Strengthened evidence base for vaccine hesitancy amongst male vs. female caregivers

#### **Gender-blind**

Strengthened evidence base to understand vaccine hesitancy amongst Roma communities, displaced and migrant population groups, and under-immunized districts

#### **Gender-negative**

Strengthened evidence base to understand vaccine hesitancy amongst mothers responsible for child health care and immunizations

#### **Supply Output**

Improve the vaccine supply chain and expand the cold chain to help mothers and encourage male caregivers from under-vaccinated populations to access child vaccination services more easily.

**Explanation:** reducing stock-outs is not only about having a sustainable and reliable supply but about making vaccines available in convenient locations and at times that are convenient for mothers who remain the principal caregivers for immunizing children and carry the burden of unpaid domestic and care work. This can be particularly accentuated for single mothers or in countries with high male outmigration. However, access to health facilities/vaccination services should be made easy to encourage fathers or other male members of the household/extended family as well to play a role in caregiving and alleviate the burden on women. The needs of remote and hard-to-reach areas, which are often under-immunized should also come under consideration.

## **Demand Output Gender-transformative** Mainstream demand into existing health systems to improve health literacy and address the gender inequities behind low immunization coverage\* **Gender-specific** Mainstream demand into existing health systems, using various channels, to improve health literacy among mothers\*\* **Gender-sensitive** Mainstream demand into existing health systems to address sex differentials in immunization rates prevalent among vulnerable populations Gender-blind Mainstream demand into existing health systems to improve health literacy and address vaccine hesitancy in under-immunized areas **Gender-negative** Mainstream demand into existing health systems to improve health literacy by targeting community gatekeepers

<sup>\*</sup>targetting a wide range of people – mothers, fathers, grandmothers, other decision makers in the household, teachers, health workers, adolescent girls and boys, community and religious leaders, politicians, influentials.

\*\*compare mothers who use the Internet and those who do not and those who are exposed to mass media and those who are not.

#### **Quality Output**

Strengthen the curriculum of health care professionals to include interpersonal communication that is gender-responsive and respectful towards all clients, irrespective of background or identity.

Child care service providers tend to cater to mothers, and both the information on immunizations / child care and the attitudes of health care workers should permit fathers or male caregivers to feel comfortable bringing their children to be vaccinated. Health care professionals should also be expected to demonstrate the same quality of care to all clients regardless of race, ethnicity, language, income bracket, or educational level.

## **CHOOSING INDICATORS**

This section provides a menu of indicators that Country Offices are encouraged to use in their programs relating to child immunization and other related health care services to girls and boys. The result areas come under the Gender Action Plan Priority 1 on genderequitable health care and nutrition for girls and boys.

GAP Priority 1: Gender-equitable health care and nutrition for girls and boys (Goal area 1)

| boys (dour area 1)   |   |  |  |
|--|---|--|--|
| Demonstrable result  | SP-GAP output<br>statements   | SP-GAP output<br>indicators  |  |
| and boys  of an essential package maternal and newborn services, including prenand postnatal/home vis support  1.d: Countries have accelerated the delivery of programmes for the prevention of stunting a | accelerated the scale-up<br>of an essential package of<br>maternal and newborn care<br>services, including prenatal<br>and postnatal/home visit | 1.a.3. Number of countries implementing plans to strengthen quality of maternal and newborn primary health care (according to the quality, equity and dignity (QED) guideline) |  |
|  | accelerated the delivery of programmes for the  | 1.d.1. Percentage of pregnant<br>women receiving iron and<br>folic acid supplementation  |  |
|  | prevention of stunting and other forms of malnutrition  | 1.d.2. Number of countries<br>that have integrated<br>nutrition counselling in their<br>pregnancy care programmes  |  |

| Results Areas | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|---------------|-------------|---|---------------|
| Immunization  | 21-02-03    | Evidence generation and policy advocacy for immunization                            | Yes           |
|               | 21-02-12    | Continuous social mobilization and communication – immunization                     | Yes           |
|               | 21-02-99    | Technical assistance – Immunization (excluding Polio technical assistance)          | Yes           |
| Child health  | 21-03-01    | IMNCI / Integrated Community Case<br>Management (iCCM) – Community<br>-Child Health | Yes           |

| Results Areas   | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|---|-------------|--|---------------|
| Prevention of<br>stunting and<br>other forms of<br>malnutrition | 21-04-01    | Breastfeeding protection, promotion and support (including work on Code)   | Yes           |
|   | 21-04-02    | Diet diversity in early childhood (children<br>under 5), includes complementary<br>feeding and MNPs  | Yes           |
|   | 21-04-05    | Maternal nutrition, including information, supplementation and counselling   | Yes           |
| HIV   | 21-06-07    | Social protection measures in support of HIV-AIDS treatment  | Yes           |
|   | 21-06-09    | ECD support for HIV infected and exposed children  | Yes           |
|   | 21-07-01    | ART for PMTCT  | Yes           |
|   | 21-07-07    | Child Protection measures in support of HIV affected families and communities  | Yes           |
|   | 21-07-08    | Maternal HIV testing and counselling (PITC)  | Yes           |
|   | 21-07-09    | PMTCT programme support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages | Yes           |
|   | 21-07-10    | Viral load monitoring (PMTCT)  | Yes           |
| ECD   | 21-08-04    | ECD data, evidence, and knowledge generation and dissemination   | Yes           |
|   | 21-08-06    | Parenting Programme to promote nurturing care and early stimulation  | Yes           |
|   | 21-08-09    | Social and behavioural change communication for ECD  | Yes           |
| Ado nutrition   | 21-09-01    | Prevention of undernutrition in middle childhood (5 to 9 years)  | No            |
|   | 21-09-03    | Prevention of overweight and obesity in middle childhood (5 to 9 years)  | No            |

| Results Areas             | Standard Output Indicators  | Gender<br>Tag |
|---------------------------|---|---------------|
| 21-02 Immunization        | % of targeted mothers reached through continuous social mobilization and communication to promote immunization  | 3             |
| 21-03 Childhood illnesses | An analysis of sex-disaggregated infant and child mortality estimates is produced   | 2             |
|                           | Automated dashboards (including bottleneck analysis) scorecards, alerts and reports to support monitoring and enhance use of data to improve Reproductive, Maternal, Newborn, Adolescent and Child Health services  | 2             |
|                           | Costed implementation plan for maternal, newborn and child health care available  | 3             |
|                           | Costed maternal, neonatal and child health plan includes early child development  | 3             |
|                           | Health care facilities with functioning basic water, sanitation and hygiene facilities  | 3             |
|                           | Percentage of districts (or similar administrative units) facilitating regular community dialogue with caregivers of children under 5 to improve knowledge, attitudes and practices and address related social/cultural norms on maternal newborn and child health and development. | 2             |
|                           | Percentage of districts (or similar administrative units) with health care facilities providing standard early intervention services to children under 5 with developmental risk, delay or disabilities.  | 2             |
|                           | Primary Health Care facilities providing clinical care to children under five using the IMNCI approach  | 2             |

| Results Areas   | Standard Output Indicators  | Gender<br>Tag |
|---|---|---------------|
| 21-04 Prevention<br>of stunting and<br>other forms of<br>malnutrition | Adoption of the International Code on Marketing of<br>Breast milk substitutes as legislation and subsequent<br>relevant World Health Assembly resolutions   | 2             |
|   | In humanitarian situations: Number of primary caregivers of children aged 0-23 months who received IYCF counselling   | 2             |
|   | In humanitarian situations: Number of service delivery points (health facility or community) that provide IYCF counselling  | 2             |
|   | Integration of nutrition counselling in pregnancy care programmes   | 3             |
|   | Number of pregnant women who receive iron and folic acid supplementation  | 2             |
|   | Number of primary caregivers of children aged 0-23 months who received counselling on IYCF  | 2             |
|   | Number of service delivery points (health facility or community) that provide IYCF counselling  | 2             |
|   | Percentage of health and nutrition workers trained to provide IYCF counselling services as per national standards   | 2             |
| 21-06 Treatment<br>and care of children<br>living with HIV            | Existence of national household survey based data on HIV disaggregated by age and sex collected within the preceding 5 years  | 3             |
|   | Health facilities that provide pediatric ART  | 3             |
|   | National HIV Strategic plan/guidance for care and treatment that are aligned to Global targets and the most recent WHO recommendations for care and treatment of children , adolescents and pregnant/breast feeding women | 3             |
|   | National policies to implement sexuality or life skills-<br>based HIV education in upper primary schools available  | 2             |
|   | UNICEF-targeted children and pregnant/breast feeding women living with HIV in humanitarian situation who continue to receive ART  | 3             |
|   | UNICEF-targeted HIV positive children in humanitarian situation who continue to receive ART   | 3             |

| Results Areas                           | Standard Output Indicators  | Gender<br>Tag |
|---|---|---------------|
| 21-07 HIV prevention                    | Existence of integrated systems for retention of pregnant women living with HIV during and after pregnancy  | 3             |
|   | Existence of initiatives to strengthen availability of gender-responsive evidence for the All-In framework  | 3             |
|   | Health facilities providing life long ART for pregnant and breast feeding women within the MNCH setting   | 3             |
|   | National child protection strategy or a national social protection strategy that is gender responsive and includes elements focused on HIV available  | 2             |
|   | National policies to implement sexuality or life skills-<br>based HIV education in upper primary schools available  | 2             |
|   | Poorest households receiving cash transfer in the previous 3 months   | 2             |
| 21-08 Early<br>childhood<br>development | % of Health providers providing home visiting services with adequate skills related to gender socialization, early detection and intervention for children with developmental risk, delay or disabilities | 3             |
|   | Country Programme incorporates early stimulation, protection and nutrition packages targeting children aged 0-3 (Including Care for Child Development)  | 2             |
|   | National training mechanism established for ECD frontline workers   | 2             |

#### **Proposed indicators**

Based on the types of gender barriers discussed here and that apply to the ECA region, additional indicators to the RAM could be considered to adequately measure progress in overcoming gender barriers. The gender barrier, the proposed indicator and potential source of data are offered below. These recommendations are drawn from the work done by the Equity Reference Group for Immunization taking a gender lens to advancing equity in immunization.

| Gender Barrier   | Indicator  | Potential Data Source                    |
|--|--|--|
| Mothers are considered the primary caregivers for their children but may not be the sole decision makers in relation to child health care. They may also be limited in their ability to access resources to utilize services.  | % of households in which (a) both parents decide jointly; (b) the father decides; or (c) the mother alone decides the immunization of their children | EPI or other household<br>surveys        |
| Women typically have multiple roles, including reproductive and productive work, which pose considerable time pressure and may result in a trade-off between child care (especially preventative) and the need to earn an income. Geographic barriers may exacerbate this trade-off. | % of mothers who reported a problem in access to services  | EPI or other household<br>surveys        |
| Health facilities emphasize attendance by women and may not typically be very favorable to fathers as caregivers. But at the same time, quality of service may discourage women from attending.  | % of caregivers satisfied<br>with the quality of the<br>service experience (sex-<br>disaggregated)   | Exit interviews; other localized studies |

## **USEFUL RESOURCES**

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# **SECTION 2 TECHNICAL GUIDANCE**

This section is dedicated to guiding practitioners in conducting gender integration in programming.



#### **Gender Analysis Questions for an Assessment**

This set of guiding questions for conducting gender analysis can be consulted for an initial assessment, during the situational analysis phase, or at other moments during implementation to verify or validate gender integration. They could also be effective in evaluating results at mid-term or at the end of a programme. It may not always be possible to complete a full gender analysis; practitioners can pick and choose the themes they wish to probe.

For quick and easy reference to the sub-sections of the gender analysis questions, consider any of the following:



#### **Roles and Responsibilities Capturing**

- Roles and practices
- Time, space and mobility
- · Household and community division of labor
- Participation rates in different activities.



#### Access to and Control Over Assets Capturing

- Human assets
- Natural assets
- Social assets
- Physical assets
- Financial assets
- Information



#### **Beliefs and Perceptions Capturing**

- Influence
- Norms
- Decision making
- Expectations about appropriate behavior



# **Needs and Priorities Capturing**

- Practical and strategic needs
- Priorities
- · Opportunities and capacities
- Vulnerabilities



#### Institutions, Laws and Policies Capturing

- Policy and legal frameworks
- Due process
- Services



#### **Programming Checklist**

This checklist guides you through a series of issues for each of the phases of the programming cycle. While a proportion of the items are generic and repeat for all flagship result checklists to maintain consistency, they have still been adapted and others added to tailor the issues to be considered for this particular flagship result.

The checklist is designed to allow you to consult the phase or sub-section of immediate interest to your work. It is not intended as an exercise to be carried out in its entirety, even though this may be useful at the start of new programme.

See below for easy reference:



#### Step 1: Planning (Assessment and Analysis)

- · Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- · Identify gender issues
- Define interventions that reflect gender inequality gaps and needs



# Step 2: Programme Design

• Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress



#### **Step 3: Implementation**

- Implement planned actions to transform gender equality
- Participation of all groups which are gender aware



#### **Step 4: Monitoring**

• Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage



#### **Step 5: Evaluation**

- Evaluate outcomes using gender and human rights indicators
- Showing differentiated gender impacts



#### Step 6: Reporting

- Knowledge sharing (results and lessons learned)
- Inform future programmes/projects

# **GENDER ANALYSIS QUESTIONS FOR AN INITIAL ASSESSMENT**

It is recommended, to the extent of its relevance and importance, to pose the set of questions in relation to other socially excluded groups, such as migrant and refugee adolescents, adolescents left behind by parents who migrate, ethnic / linguistic minority groups, the poorest adolescents, and disabled adolescents. For some of the questions below, particular mention is made of one or more of these vulnerable groups, based on evidence from the region that the gender barriers are considerably higher for this population group than for others.

# **Roles and Responsibilities (Practices)**



#### Household **Activities**

- What are the demographic profiles of the target populations (gender, ethnicity, caste, age, migrant and displaced population status, percentage of female- and childheaded households, household size, marriage age or age of union, percentage of polygamous households)?
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the household at different stages in the life cycle (in a day, a week, a season)? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, any other unremunerated and remunerated

- work/employment, and performance of social obligations. How do women, men, girls and boys spend their time?
- With regard to the gendered division of labor, how much time to mothers vs. fathers devote to domestic work (within the home and around the home) and child care?
- More specifically, in different households, who are the caretakers and caregivers if not the mother, the father or the legal guardian?
- For each of the activities or responsibilities identified, who decides what boys and girls are assigned do? What is the result of their activities? Who benefits? Do they have any leisure time? What is the consequence if girls or boys do not follow the norms of behavior, and are there differences for each? (see Beliefs and Perceptions for decisions specific to health care).
- Do women/girls or men/boys have restrictions on their mobility? What are they and what are the drivers (e.g., religious beliefs, customs,

safety concerns, etc.)? How do they influence their access to services. particularly health care for them and for their children, and particularly access to immunizations? How do they influence their access to supportive social networks?

- What is the average age of marriage (or union) and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at a younger or older age?
- Are there gender-based differences in knowledge and attitudes towards child immunizations and towards the use of child health services?



## **Community Activities**

- How many and what percentage of women and men serve on any formal committees relating to community health (for example, public health outreach or emergency/contingency planning around immunization outbreaks)? Do women occupy positions of leadership or decisionmaking? Are women able to exercise authority or leadership in these activities? Do women participate in good numbers at meetings organized by the committees? Are there certain social categories of women who are socially excluded?
- · Are there, formally or informally, community gatekeepers who influence the utilization of immunization services? If so, how

- do their views affect mothers in vaccinating their children? How is it different for young mothers vs. older ones?
- What kinds of social and religious groups do women/girls and men/ boys participate in, respectively? What kind of leadership positions do they occupy? How does their participation in social groups affect their access to health information, health services and care and support from other community members?
- Spatially, within the community and beyond, where are women's, men's, girls', and boys' activities located?
- Do adolescent girls or boys participate in community government, associations or other civil society organizations? What determines if they participate or not family position or wealth, educational attainment or other factors?



#### Maternal, Newborn and Child Health

- What are the sub-national and national maternal mortality rates, maternal morbidity rates and registered births? What are the local neonatal, infant, and child mortality rates, disaggregated by sex, age and other factors?
- What are the infant and child mortality rates related to preventable diseases by sex?
- · What is the fertility rate and adolescent fertility rate?

- What limits pregnant women's and adolescent girls' access to health care for mothers and their children, including antenatal care, delivery, postnatal care, and infant/ child immunizations? Do fathers accompany their partners for health visits for the mother or the infant/ child?
- What are the immunization rates for DPT3 and other infant and childhood vaccines (and by dose)? Are there sex differentials in coverage and, if so, amongst what population groups and regions? What are the causes and norms that explain these rates and the sex differentials?
- Are there any gender specific differences between female and male newborn taken to health centers? What are the causes and norms that dictate any such differences? Among which population groups is this relevant?

# **Adolescent Reproductive Health**

- What is the prevalence of adolescent pregnancy – disaggregated by early (age 10-14) and late adolescents (age 15-19), wealth quintile, ethnicity and geographic location? What are the main causes?
- Respectively, are girls and boys allowed to influence or discuss with their parents when or whom to marry, or if to marry? Who decides?
- Can adolescent girls use health services without the permission of

- parents, partners or in-laws?
- Do married adolescent girls face any barriers in accessing reproductive health services? Who do they turn to for help/support during pregnancy and birth delivery?



#### **Health Service Providers**

- Who makes decisions in families about taking infants or children to a health care provider for treatment and specifically for immunizations? Consider all types of households, including "children left behind" or living with relatives other than a parent.
- How is health work organized? Are women and men, girls and boys treated equally regarding:
  - Formal/informal care?
  - Paid/unpaid care?
  - Full-time/part-time work?
  - Skilled/unskilled work?
- Who does what kind of health work? Women/men?
- Are women and men, girls and boys treated differently by:
  - Providers who are women?
  - Providers who are men?
- What is the ratio of female to male health care providers? What are the consequences of this ratio, especially with regard to vaccination coverage? What are their roles and capacity?
- What is the proportion of women and men in management in the health

- sector? Supervisors of each category of health worker, staff and volunteers?
- Do health workers ask women who decides
  - If she can go to the health facility?
  - To bring an infant/child to a health facility for preventive care or treatment?
- Are there incidents of disrespectful care by female or male health care providers, including breach of client privacy, in the facility toward:
  - Female clients or companions?
  - Male clients or companions?
  - Female health workers?

- Are women and girls discriminated against at health facilities for being poor, of a particular ethnic group, for being young or old, being disabled, or for their education level? Do men and boys experience discrimination for specific reasons – eg. marginal groups, youth access to health care?
- Do health care providers give differential treatment when the mother presents with a boy vs. a girl?
- What are women's/girls' and men's/ boys' different experience with violence, as victims, survivors or perpetrators in their access to health services?

#### **Access to and Control over Assets**



#### Household Resources

- What kind of resources do women/ girls and men/boys have access to. respectively? How does access to and control over assets and resources differ between women/girls and men/ boys?
  - · Financial?
  - · Natural?
  - Services?
  - Information?
  - Social capital?
  - · Knowledge?
- · What are the constraints and implications arising out of lack of control over or access to productive resources for those who lack such control and access?
- What do women and men own separately? What do they do with what they own to improve their own and their children's health? What do they own together?
- Respectively, are women's and men's assets equally liquid and transferable?
- What are the broad income levels of the target population? Are there differences in income between females and males?
- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation? How do women's wages compare to men's?

- Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits. training, promotions and leadership opportunities?
- Do women/girls and men/boys have equal access to mobile phones, mass media, the use of apps, and the Internet?
- Do mothers and fathers have access to insurance in order to obtain childhood immunizations for their children? Do they have valid ID documents?



#### **Community** Resources

- What kinds of social services (e.g. health and hygiene, literacy programme, etc.) are available and how accessible are they for women, men, girls and boys? Do they have valid ID documents to be able to access services?
- How do women's and men's, girls' and boys' access to and control over community resources affect their ability to (with a focus on infant/child care):
  - Decide to seek care? PHC, emergency care; hospital care?
  - Reach the right level of care?
  - Access transport to care?
  - Access health information?
  - Get appropriate care?

- Who decides about the deployment of community resources (such as transport and infrastructure) for health?
- What kinds of services exist in the community tailored for youth (e.g. health, education, employment, digital)?
- What sources of information on immunizations and child health are available to female caregivers? To male caregivers? Which sources are most relied upon and trusted by female and male caregivers, respectively?



#### Maternal, Newborn and Child Health

- Do community outreach services for immunization and health care exist in hard to reach geographic areas (e.g., mobile vaccination centres or community health workers)
- Do immunization services have planned sessions? Do they have flexible hours and are their vaccination schedules well publicized?
- What are the average travel times for caregivers in any given district to reach immunization services?
- Are health centres providing child health care adequately resourced and are waiting times for caregivers reasonable?
- Is information on immunizations provided to client populations in a language they can understand and communicated in accordance with their beliefs? Do information programmes target both genders? Is information available for non-literate

- population groups?
- Is there a range of communication platforms and delivery strategies to promote positive behaviors related to early childhood development and the importance of prevention?



#### **Health Service Providers**

- Are there differences in access to maternal, infant and child health services at the primary, secondary and tertiary level? If so, what factors explain these differences?
- What is the average amount of time health care providers spend addressing parents' misconceptions and fears, counteracting false or misleading information, and engaging with influentials? How much time do they spend explaining vaccination procedures and schedules for different vaccines to female and male caregivers?
- · Are female and male health care workers who administer vaccines given the same training and training opportunities?
- · Are female or male health care providers denied promotions or other benefits because of assumptions about competing household obligations or lack of autonomy?
- · Do female and male health care providers receive equal pay for equal work, equitable fringe benefits, preferred postings and equal opportunity to work the same number of hours and shifts?

# **Beliefs and Perceptions (Norms)**



### Household and **Community**

- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence their health behaviors and their involvement in caregiving of children?
- · What are the social beliefs and perceptions that condition women's/ girls' and men's/boys' expectations and aspirations? How does this affect their chances for education, decisions relating to marriage and age of marriage, and employment?
- · Who should make decisions? What decisions do women and men make in the household? Which kinds of decisions are made jointly? What role do elderly women play in decision making? In relation to:
  - Children's health and nutrition
  - Use of antenatal care, skilled delivery care, and postpartum care
  - Child immunizations
  - Schooling for girls and boys
  - Marriage of daughters and sons
- In light of the prevalence of patrilocality, are there preferential conditions of protection and care for boys vs. girls among extended family members living in the household, or influencing the household?
- Is immunization coverage for children a social norm, i.e., considered good behavior for mothers?

- What myths or misinformation exist in relation to child immunizations? What is the origin of these myths or the source of the misinformation?
- · Are there any religious beliefs or influences that oppose vaccination and how does women's social status interact with these norms?
- What are beliefs about.
  - Causes for childhood diseases and mortality?
  - Causes for childhood disability?
  - Age of marriage for women/girls and men/boys?
  - Education for girls / boys?
  - Having children outside of marriage? And the consequences for mothers, fathers and the children?
  - Polygamy for women and men, where applicable?
- What structures does the community use to make health decisions, particularly for children (girls and boys)? Who participates in decisionmaking spaces? Do men and women have equal voice? How do adolescent girls and boys participate?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?

- Which community norms and beliefs could influence women's and girls' participation in programme activities? These norms and beliefs may include the following:
  - Cultural exclusion from productive activities
  - Heavy participation in reproductive activities, such as childbearing and child care
  - Exclusion from (active) participation in public proceedings
  - · Seclusion from contact with male service staff
  - · Lack of mobility because of cultural norms
  - Low prioritization given to transport for mothers/infants/ children's health
- How does the experience of an infant or child who contracts a vaccinepreventable disease alter or reinforce mothers' beliefs about vaccination? How do fathers participate in decisions or influence attitudes and beliefs?
- · How might women (older and younger) and men (older and younger) interpret new experiences or information about immunizations differently based on their gender identities, level of education, and different types of knowledge they may have?



- What beliefs and perceptions do doctors and other health care professionals harbor and express, even when responsible for administering childhood immunizations, that may discourage female and male caregivers from vaccinating their children?
- What beliefs or misperceptions do mothers and fathers have about the vaccines themselves (the quality, the storage, the vaccine system) that may hinder the use of vaccines for their children (example: belief that their country receives cheaper or poorer quality vaccines)? Which of these are based on experiences they have had with health care providers or the health system? How do fathers participate in decisions or influence their attitudes and beliefs?
- What beliefs do mothers and fathers. harbor about the health care system that may sow mistrust in the delivery and the quality of vaccines (e.g., that low salaries lead them to cooperate with pharmaceutical companies)? What other sources of information about the vaccines and the health care system do mothers tap, which may fuel anti-vaccination attitudes? How do fathers participate in decisions or influence attitudes and beliefs?

- What are health care providers' beliefs about gender differences and equality? How does this affect treatment of patients?
- Is there sex-segregation in the types of occupations in the health profession (doctors, nurses, frontline workers, etc.), and particularly in care and treatment of children?
- Do factors related to gender influence promotion decisions in health sector?
- Do mothers (older vs. younger) who bring their children to a health facility have a preference for or have greater confidence in a health care practitioner of the same sex? Do fathers who bring or accompany their children to a health facility prefer or have greater confidence in a male health care practitioner? The same two questions can be asked in relation to a female/male nurse vs. a female/ male doctor
- What is considered respectful treatment, respectively, by female and male health workers of (a) mothers or a female caregiver presenting with a child and (b) fathers or a male caregiver presenting with a child?
- Do health care workers believe that female infants/children and male infants/children should receive the same attention and quality of care?
- Do health care workers believe that fathers and male caregivers are equally responsible for child immunizations?



- · Are information, education and communication (IEC) materials on immunizations equally accessible to female and male caregivers? Why or why not?
- Do existing health information materials and activities exacerbate negative gender stereotypes, portraying women as caregivers and men as those in need of care or as doctors and administrators? What are the kind of gender stereotypes perpetuated by current outreach materials? How do these gender stereotypes impact children's access to immunizations and health care prevention and treatment generally?
- Are IFC and social mobilization interventions informed by an understanding of factors that influence female and male caregivers in deciding whether or not to vaccinate their children?

#### **Needs and Priorities**



#### Household and **Community**

- What are the needs (both practical and strategic needs) of female and male caregivers and their priorities in health? How does their children's health feature in the priority ranking and how does immunization feature? How are these different amongst more vulnerable population groups, such as the Roma, migrants and the displaced? To what extent are caregivers, female and male, able to meet their health needs and their children's health needs?
- What perspectives do they have on the appropriate and sustainable ways of addressing their needs? How are these different amongst more vulnerable population groups, such as the Roma, migrants and the displaced?
- What are female and male caregiver skills and capabilities? How are these different amongst more vulnerable population groups, such as the Roma, migrants and the displaced?



#### **Health Service Providers**

 Are measures taken to address the different socioeconomic and cultural constraints of female and male caregivers considered separately in accessing health services for their children? Examples:

- Opening hours of the clinic providing vaccines
- · Waiting times and the safety and comfort of waiting rooms
- The expectation of under-thetable fees
- The convenience of the location of immunization services. especially for working mothers
- Level of privacy
- Balance of women and men in the health workforce
- Education materials, messages and health outreach activities
- During immunization visits, do health care providers take time to explain the benefits of vaccines, the schedule and the protocol and do they allay the fears and suspicions of female and male caregivers about vaccines and their side effects?
- Are health care providers adequately trained on vaccines, especially new vaccines? Are they adequately skilled and motivated to educate female and male caregivers about vaccines and to treat all clients with respectful care?
- Are there adequate incentives for female and male health workers to live in rural and remote areas?
- Are health centers adequately resourced and staffed to provide clients with a favorable and safe. environment?

#### Institutions, Laws and Policies



# **Legal System**

- Do women and girls have rights to selfdetermination (e.g., divorce, property rights, custody of children, decisions about reproductive matters)? And are they able to realize these rights?
- At what age do girls and boys attain legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- What is the legal age of marriage for girls and boys? What is the legal age of sexual consent for girls and boys?
- What legal constraints inhibit access of vulnerable populations (Roma, migrants, the displaced) to child immunization?



### **Policy Frameworks**

- Are female caregivers and male caregivers aware of policies around vaccinations - mandatory immunizations, use of vaccination cards, informed consent forms?
- In situations where immunizations are mandatory, are there penalties for non-compliance and, if so, what are the enforcement mechanisms?
- Are non-citizens or stateless persons able to access vaccinations for their children? If yes, are services free of charge? If no, is the cost affordable or prohibitive?

- What effect do policies have on coverage rates and on perceptions by female and male caregivers?
- Is there a Strategic or National Action Plan for immunization coverage and does it address gender inequalities?
- Is there a human resource policy in the health sector at the district and facility levels on gender equality and/or non-discrimination based on gender?
- Are there family-friendly policies in place in the health sector? Does the organization of health work take into consideration women's disproportionate responsibilities for childcare, food preparation and other family care?
- Are district and national budgets for vaccinations include a communication or social mobilization component?



#### **Health Service Providers**

- What services (health, education, water and infrastructure, agricultural extension, law and justice) are provided in the programme area and to whom? Consider differences in socioeconomic status as well as aender.
- Does the organization, spatial arrangement and client flow in the facility affect female caregivers vs. male caregivers differently making them more or less likely to use the

- services? Provide them more or less privacy?
- Is health information at the facility level disaggregated by sex and age and comparatively analyzed for decision making?
- Are statistics on the health workforce disaggregated both by sex and type of professional (e.g. nurse, doctor, etc.)?
- Are female and male caregivers subject to the same confidentiality (nondisclosure) of health information and to the same protocols for immunizations (e.g., the informed consent form)?
- · Does the health facility have a code of conduct and reporting mechanisms for sexual harassment and assault and disrespectful treatment?
- Does the training curriculum for vaccination workers include gender and diversity sensitive training, with a focus on addressing vaccine hesitancy?

- As a consequence of facility protocols and procedures, do female and male caregivers, based on socioeconomic status, education level, ethnicity, marital status or sexual orientation. experience stigma when presenting for child vaccinations or treatment of children who have contracted a disease?
- Which of the facility-level policies promote or discourage female caregivers' and male caregivers' personal choices about uptake of services or compliance with treatment? How do they affect their choices and access to services or treatment for their children?
- How are female and male health. care workers involved in planning and policy formulation in the health facility? Do women and men with equal training and seniority have equal decision making and influence?

# PROGRAMMING CHECKLIST

# STEP 1

#### PI ANNING



NO. **OUESTIONS** DONE

#### I. ASSESSMENT

What is the context-specific situation of gender equality to DPT/Penta3 coverage? Use Gender Analysis Questions in Annex 1 as guiding questions to conduct a gender analysis.

#### **DATA COLLECTION**

- Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the gender barriers, bottlenecks and opportunities related to the objectives of the programme in the target area by using:
  - National surveys such as Multiple Indicator Cluster Surveys (MICS), Demographic and Heath Surveys (DHS), Coverage Evaluation Surveys (CES), and EPI data
  - Administrative data of hospital and health centres
  - UNICEF, WHO, and other United Nations database
  - The Global Vaccine Alliance (GAVI) studies that address the gender dimension, where applicable
  - The latest country situation analysis for information on:
    - · the status of women and girls; and
    - the roles and policies of ministries and other institutions in addressing gender equality in child health
- UNICEF Gender Programmatic Review (if one has been conducted), especially if maternal and newborn programming was reviewed.
- Gender equality goals and targets in the Country Programme Document (CPD).
- Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality and responsiveness in infant/child health.
- Documents and assessments related to any existing genderresponsive infant/child health programmes in the country or region.
- Any evaluation of maternal and newborn health programmes that covered immunizations (or evaluations of GAVI Alliances' support to programmes, where relevant) and included an assessment of gender equity (e.g., Study on Vaccine Hesitancy, KAP surveys).
- Any country profiles or summaries on immunization coverage.

O

1.1

| NO. | QUESTIONS  | DONE |
|-----|--|------|
|     | <ul> <li>National action plans on immunizations (such as the National Immunization Programme or the WHO-supported bi-annual Plan) and/or child health</li> <li>Core country policy documents that regulate immunization</li> <li>Policy documents on financing and inclusion in universal health coverage</li> <li>Tailoring Immunization Programmes (TIP) to address vaccine hesitancy</li> </ul>                   |      |
|     | Quality of care assessments  |      |
| 1.2 | Using Gender Analysis Questions, organize information about gender differences from existing sources. Assess whether the existing information is adequate to understand how the programme objectives may be affected by gender differences and inequalities. This pertains to:  1) Gender determinants that mediate immunization outcomes that   | 0    |
|     | capture constraints to mothers and other caregivers, and 2) Sex differentials in childhood immunizations The gender analysis should take account of the intersection with other identities such as ethnicity, geographic location, and socioeconomic status.   |      |
| 1.3 | Collect sex-disaggregated data on immunization coverage; caregiver (female/male) roles, perceptions, and constraints to vaccinating their children; the numbers and training levels of female and male health workers; preferences for female or male health workers.  | •    |
| 1.4 | Use participatory methods (including both women and men, girls and boys) of data collection within the community, particularly when attempting to get data that is qualitative. Methods may include: community mapping; transect walks; focus group discussions; surveys; spatial mapping, etc. Define ways in which women, men, girls and boys, especially poor women and girls, can participate in the assessment. | 0    |
| 1.5 | Identify the rates and gaps in female and male caregivers' engagement in child health, their roles, capacities, beliefs, and information needs that would improve the access, use and coverage of childhood immunizations, particularly DPT3, and especially in underserved communities.   | 0    |
| 1.6 | Assess cultural norms, practices, and beliefs that dictate the extent to which children are vaccinated and to which antenatal care services, delivery and post-natal care are utilized, as needed for both baby girls and boys.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 1.7  | Assess the extent to which immunization services meet quality of care standards, are sufficiently available and accessible, and are delivered in a respectful manner by both female and male health care workers. Assess whether services treat clients equitably, regardless of socioeconomic status, educational level, ethnicity, or other social category.   | •    |
| 1.8  | Assess differences in immunization coverage by sex, age, location, ethnicity, and location and identify the most disadvantaged areas and populations that have greater health support needs for infants and children. Identify the demographic factors of mothers and fathers that may explain pro- and anti-vaccine behaviors: income status, education level, rural-urban, ethnicity, location, access to services, age of first union, access to mass media and social media. | O    |
| 1.9  | Assess the various influences on male vs. female caregiver attitudes towards childhood vaccination: trust in and quality of health workers and the health system, vaccine supply, trust in vaccines, social media, friends and family, religious groups, anti-vaccine movements or advocates, local authority figures, caregiver knowledge on vaccinations, caregiver risk perceptions and beliefs about vaccinations, etc.  | O    |
| 1.10 | Assess the gender-responsiveness of health care worker interactions and the information/materials relating to child health, which tends to be biased towards mothers as caregivers and not fathers.  | 0    |
| 1.11 | Ensure health staff conducting assessment and situation analysis are gender-sensitive, have the local knowledge and cultural understanding of gender-related issues.   | C    |
| 1.12 | Work with women's and girls' rights organizations and inter-agency/ inter-sectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to enhance pro-vaccine behavior and immunization coverage as part of maternal, newborn and child health programming.   | O    |

#### NO. **QUESTIONS DONE** II. Analysis What barriers and opportunities prevent or enable to achieve DPT/Penta3 coverage? Analyze the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible, include a gender specialist/ focal point in the analysis. **ENABLING ENVIRONMENT** Where gender inequities exist in immunization rates (DPT/Penta3 and others), analyze the reasons for the disparities amongst the population group O 1.13 or geographic area in question. Investigate whether the sex differential in coverage is reflected in a pattern of gender inequities in infant/child health care. Assess cultural gender norms that influence the perceptions and the practice of female and male caregivers to immunize their children as part of a continuum of infant and child health care. As part of this assessment, examine the intra-household dynamics and the roles of different household members in the decision making over child immunizations, differentiating the analysis for younger vs. 1.14 O older mothers. Examine as well the influence of norms from within a community dynamic and its interaction with the personal choices that mothers (and their households) make around immunization. Identify through this process who are the community gatekeepers. Make sure the situation of more marginalized population groups is clearly delineated Analyze background factors that support or hinder a positive trend in immunization coverage, particularly for DPT/Penta3: • Mothers' characteristics – age of first union, educational level, access to mass media and Internet, socioeconomic status, health literacy, knowledge of immunizations, etc. Household characteristics of the infant/child – living with parents, 1.15 0 living with grandparents, single parent (with mother or father), polygamous, etc. • Community history with respect to general practice in child immunization, outbreaks of child diseases, incidents of infant or child deaths attributed to vaccines, access to and availability of maternal and infant/child health services Analyze the myths, misinformation, beliefs and perceptions at individual, household and community levels that have a bearing on

**1.16** Immunization coverage rates in the country and by district. Review

making on child vaccination.

and discuss the results in relation to the gender dynamics in decision

O

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 1.17 | Assess and analyze the gender responsiveness and equity consciousness of frontline health care workers as well as public/ national health care workers who provide maternal and/or infant and child health care services, with a focus on immunization services.   | 0    |
| 1.18 | Assess the influence (positive or negative) and potential synergy of other project, programme or policy interventions related to maternal and infant/child health, past or planned, on immunization coverage.  | 0    |
| 1.19 | Ensure that data analysis portrays the situation of the most marginalized based on gender, age, religion, wealth quintile, ethnicity, geographic location, displaced or migrant status, etc.   | 0    |
| 1.20 | Assess if there are systemic funding constraints for national entities that limit capacity to provide gender-responsive health care and support for vulnerable priority populations thereby hindering progress.  | 0    |
| 1.21 | Analyze what national level coordination barriers hinder the protection of maternal and newborn health particularly in humanitarian and emergency settings.  | 0    |
| 1.22 | Analyze if promising approaches within the enabling environment exist that can be scaled-up or investigated further. Particularly in under-immunized communities, investigate opportunities to introduce well-tested strategies to improve women's health literacy, particularly for younger female adolescents or those living in conflict, poor urban areas, or remote rural settings. | 0    |
| 1.23 | Identify opportunities to challenge structural inequalities between women and men, girls and boys, and to promote women and girls' leadership as well as their engagement in supporting immunization coverage, especially within vulnerable communities. Ensure the programme upholds the "Do No Harm" principle.  | •    |
|      | SUPPLY   |      |
| 1.24 | Analyze the physical, geographic and time barriers for mothers but also within the most vulnerable populations in accessing immunization services.   | 0    |
| 1.25 | Examine gaps within the vaccine supply chain and management (including cold chain) that are currently making travel time difficult for mothers and caregivers generally to reach immunization services.  | O    |
| 1.26 | Include an analysis of opportunities to integrate immunization services into existing service platforms, such as the education sector.   | 0    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
|      | DEMAND   |      |
| 1.27 | Analyze issues, real and perceived, with the quality of vaccines as a deterrent to mothers and caregivers generally to immunize their children.  | 0    |
| 1.28 | Identify what factors impede the demand of female and male caregivers for access to child immunization services, drawing on the analysis under the enabling environment.   | 0    |
| 1.29 | Analyze what social norms, practices, beliefs, perceptions, and information produce pro-vaccine behaviors and which produce antivaccine behaviors among mothers and other caregivers. Identify the situation for the most vulnerable populations as well.  | •    |
| 1.30 | Among under-immunized communities, analyze the factors for low demand of immunization and child health services but also for gender disparities in demand, where they exist.   | O    |
| 1.31 | Assess what barriers prevent continuity of infant/child health services (e.g., lack of female staff, location, fees, gender-blind attitudes of staff, etc.) and assess what attitudes, behaviors, and even protocols of health staff regarding child immunizations adversely affect uptake by parents.   | •    |
|      | QUALITY  |      |
| 1.32 | Analyze the quality standards of care relating to immunizations and infant/child health – interpersonal communication (respect, equitable treatment), ability to educate and inform caregivers, the quality and accuracy of the information, the skill level of the health worker, and the motivations of health care staff to provide quality information and services to caregivers. | 0    |
| 1.33 | Analyze the level of trust on the part of caregivers (female and male) in the health staff, the vaccine system, and the health system as a whole to offer safe and reliable vaccines.  | 0    |

# STEP 2

## **PROGRAMME DESIGN**



| NO. | QUESTIONS   | DONE |
|-----|---|------|
|     | PRIORITISED ISSUES AND AREAS  |      |
| 2.1 | Make sure that the identified gender issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.  | •    |
| 2.2 | Ensure that mothers, fathers and primary caregivers are involved in the design of solutions to improved immunization coverage and infant/child health care. Consider involving women's organizations and community-based organizations. Make sure young mothers are consulted. Engage with local influencers and members (women and men) of the more vulnerable communities in designing appropriate solutions.   | 0    |
| 2.3 | Assess how the programme will affect female caregivers and young mothers in particular (e.g., decrease in their time and care burden, more shared caregiving responsibilities in the household, the way decisions on infant/child health are made in the household, etc.), their use of immunization and infant/child health services, and the routine immunization of their children. Determine how the programme is best able to transform unequal gender relations.  | 0    |
| 2.4 | Identify the most critical challenges and inequities, aligned with global and sector priorities, capacity and resources to act; and identify the partners on the ground to select the issues that will be addressed by the UNICEF Country Programme prioritizing gender-responsive action.  | •    |
| 2.5 | Assess and identify what gender-responsive results the programme aims to achieve and how to achieve them (key interventions) that correspond to the root causes of vaccine hesitancy, under-utilization of immunization and child health services, below full immunization coverage (at least for DPT/Penta3), and associated infant and child mortality rates. Identify results for priority geographic areas and population groups with lower than national rates of immunization. Identify results where disparities in immunization coverage for baby girls vs. boys exist. | •    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.6  | Ensure that the logical framework addresses both practical and strategic gender needs and priorities of women and men as caregivers and in their access to immunization and infant/child health services; and for male and female infants/children as vaccine beneficiaries, especially those from disadvantaged communities. These needs and priorities should align with the findings from the gender analysis. See separate Section 2. Practical Steps for Gender Mainstreaming (page 66-67) of this toolkit for more information on how to develop a gender-responsive logical framework. | O    |
| 2.7  | Analyze why gender issues that might previously been identified have not been addressed, why the immediate and underlying causes persist, and the risks that could arise if they continue to be ignored (unequal power relations, unequal access to assets, disposable income, disproportionate care burden, etc.)  | •    |
| 2.8  | Identify, harmonize and collaborate with existing national programmes to address maternal and newborn health, with a focus on child immunizations, and gender equality.   | O    |
| 2.9  | Ensure to consider the main recommendations for the country made by CEDAW, CRC and UPR on maternal and newborn health.  | O    |
| 2.10 | Align higher gender mainstreaming and gender results with UNDAF efforts, particularly in UN ONE countries.  | O    |
|      | GOALS   |      |
| 2.11 | Identify the major objectives to be achieved in terms of gender-responsive strategies to improving child immunization rates in DPT/Penta3 and thereby reducing infant and child mortality rates. Ensure that the goal is aimed at a broader and long-term commitment to change the institutions, as well as the attitudes and other factors that are reinforcing gender inequality in (a) the support and care of children and in (b) disparities in child health outcomes.   | O    |
|      | OUTCOMES  |      |
| 2.12 | Emphasize a human rights-based and gender-transformative approach to inclusive immunization and newborn health, and develop the capacities of national governments and civil society organizations to employ such an approach. Consider benefits and specific needs that will empower women/girls in accessing their rights and, where disadvantage exists, men/boys (e.g., health information tailored to mothers, discouraging fathers' engagement in child health).  | o    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.13 | Include awareness raising among community members and empowering mothers, fathers and other caregivers with the evidence and information on vaccines to support uptake of routine immunization for their children.   | O    |
|      | OUTPUTS  |      |
| 2.14 | Ensure outputs are planned with the relevance and benefits in mind for both women and men or girls and boys to achieve outcomes in the programme.  | O    |
| 2.15 | Formulate outputs to reflect the gender-responsive approach to programme interventions.  | O    |
|      | ACTIVITIES   |      |
| 2.16 | In consultation with community members (especially women and girls from the most marginalized communities and the most underimmunized areas), community and religious leaders, local authorities, and gatekeepers on immunization coverage, health care workers (female and male), and pro-vaccination groups identify the specific set of actions that need to be taken at the household, community, and health facility level to safeguard newborn health through full immunization coverage and to transgress stereotypical gender roles and behaviors. Ensure that meeting spaces are safe and accessible for all. | O    |
| 2.17 | Invest in improving access points for immunization services (such as bundling with other health services, outreach and mobile services) to ensure that every contact with mothers, caregivers generally, and the community is maximized to reach full immunization. Include measures that address women's time and care burdens, especially working mothers, single mothers, and the more vulnerable (e.g., the timing and convenience to reduce transactional and transport costs).   | O    |
| 2.18 | In collaboration with C4D, introduce an information and communication strategy with specific interventions to facilitate entry points for improving the health literacy of mothers, fathers and caregivers on newborn health and immunizations; to reach doctors, nurses and health workers with accurate information on vaccines; and to develop social mobilization campaigns that target caregivers and all community members. This could, for example, include a change behavior campaign linked to the National Immunization Programme, though not necessarily just related to immunization.                      | •    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.19 | In relation to the information and communication strategy, include targeted messages to dispel myths and misinformation at the source (e.g., Internet sites) and targeted messages to under-immunized population groups and geographic areas at key access points, using appropriate technology and culturally acceptable approaches. Engage CSOs and community groups (including women's groups) in conducting community awareness and mobilization sessions.   | O    |
| 2.20 | Engage and enhance working with fathers and other household members throughout the process to promote unbiased care and support for newborn and child health and alleviate the time and care burden of mothers (especially young and single mothers).  | O    |
| 2.21 | Provide training to doctors, nurses and health care workers and vaccinators to be respectful and responsive with female and male clients, particularly those from vulnerable, low-income populations; and to be effective communicators in addressing vaccine hesitancy, to be able to foster trust and allay fears, and to know how to respond to reports of adverse events following immunization. Consider integrating interpersonal communication in health care worker curricula and immunization coverage in early childhood development (ECD) curricula promoting balanced gender roles and responsibilities for the vaccination of children. | 0    |
| 2.22 | Work with health centers or facilities to create a comfortable and safe environment for those accessing immunization services and without long wait times.   | O    |
| 2.23 | Consider measures to ensure the safety of female vaccinators and health workers who operate in challenging socio-cultural contexts or conflict settings.   | O    |
| 2.24 | Review regulatory and policy dimensions of the National Immunization Programme with a view to relaxing requirements that may create more difficulty, suspicion or mistrust amongst mothers and primary caregivers in vaccinating their children.   | 0    |
| 2.25 | For public-private partnerships in health care, consider introducing a regulatory framework that includes performance standards for the employment of women as service providers, gender-sensitive protocols and service delivery practices, and human resource management practices.  | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.26 | Work in coordination with WHO and the Ministry of Health responsible for the supply chain and management of vaccines in order to build trust on the part of mothers and fathers as caregivers and reduce gender barriers (e.g., long distances to travel for services). | 0    |
| 2.27 | Within the Health Ministry's Management Information System, promote the disaggregation of data on infant and child mortality / morbidity, immunized children, and children affected by vaccine-preventable diseases by sex and age (if it does not already exist).      | O    |
|      | TARGET BENEFICIARIES  |      |
| 2.28 | Target mothers and fathers and primary caregivers, including those who may have low literacy, are less educated, or are younger parents, to improve health literacy and promote child immunizations.  | O    |
| 2.29 | Target men, elderly women and community gatekeepers with information on vaccines through outreach and other services.   | O    |
| 2.30 | Work with self-help, micro-finance and women's groups to generate demand and advocate for immunization.   | O    |
| 2.31 | Target health workers and vaccinators, as change agents and providers of quality of care services.  | O    |
| 2.32 | Engage men and boys in their role as caregivers to support maternal and newborn health care; as champions, teachers and religious leaders in favor of child immunizations; and as role models in confronting adverse social gender norms.                               | 0    |
| 2.33 | Engage the active participation of the most vulnerable and under-<br>immunized populations as advocates and beneficiaries.  | O    |
|      | IMPLEMENTATION  |      |
| 2.34 | Identify who will implement the intervention and if the implementing partners are gender competent. Assess if partners have a gender equality policy or strategy to implement the programme and been trained on gender equality issues.                                 | O    |
| 2.35 | Involve gender experts/focal persons, women's and girls' rights organizations and machineries in programme implementation.  | O    |
| 2.36 | Confirm if the required gender and sectoral capacity exist within UNICEF and if there are resources available to fill expertise gaps.   | O    |
| 2.37 | Consider the needs for additional gender-related capacity building or engagement of outside gender experts.   | O    |
| 2.38 | As far as possible, employ an equal number of women and men in the programme.   | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.39 | Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age, and other demographic variables (location, religion, ethnicity, etc.)   | O    |
|      | MONITORING AND EVALUATION (M&E)   | 1    |
| 2.40 | <ul> <li>Identify the critical data limitations in measuring gender inequalities related to immunization coverage and seek to resolve these to the degree possible for future programmes, i.e., they may not all be resolved in one programme.</li> <li>Insufficient socioeconomic and social cultural data on population groups to provide a stronger contextual basis and understanding of the factors that might explain vaccine hesitancy on the part of male and female caregivers and other community members.</li> <li>Insufficient data on how exposure to social media and Internet influences behaviors.</li> <li>No data on the scale and impact of health professional vaccine hesitancy on uptake of vaccines.</li> <li>Insufficient research on the impact that social norms have on behaviors, perceptions and decisions to vaccinate children or not.</li> <li>Insufficient data on biases as a determinant of risk perceptions and decisions on vaccinations amongst caregivers.</li> <li>Limited data to determine the effects of health facility quality of care (attitudes, service hours, availability of female providers, approach to fathers) on client uptake of immunizations.</li> </ul> | •    |
| 2.41 | Develop a Monitoring and Evaluation Plan that reflects a gender perspective in formulating outcomes and outputs.  | 0    |
| 2.42 | Ensure an inclusive and diversity-sensitive approach in identifying primary data sources in the M&E Plan. While not exhaustive, key to this process include the perspectives of men and women as caregivers; the perspectives of opinion leaders or gatekeepers on vaccines; the perspectives of a wide range of community members and organizations (women, men, male and female adolescents, and by ethnicity or geographic location) on vaccines; and the perspectives of health care workers – different levels, male and female.   | 0    |
| 2.43 | Ensure that the budget for M&E includes any gender-specific data collection or studies that will capture gender disparities.  | 0    |
| 2.44 | Have gender experts, women's organizations, or gender machineries review the M&E plan.  | 0    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.45 | Ensure that the M&E Plan will examine both content and process from a gender-sensitive point of view.   | O    |
| 2.46 | Consider conducting KAP studies to understand the factors or drivers behind attitudes towards child immunization and vaccine hesitancy.   | O    |
| 2.47 | Include community-based monitoring to measure gender-related inequities in newborn health and immunization coverage.  | O    |
| 2.48 | Consider the use of quality of care assessments of health facilities and health care workers delivering immunization services.  | O    |
| 2.49 | Include gender as a cross-cutting issue in terms of reference for evaluations and any specific research questions that could shed light on gender inequalities as well as impacts on the empowerment of women and girls (or where relevant, men and boys, such as fathers accessing child care services).   | 0    |
|      | INDICATORS  |      |
| 2.50 | Establish clear benchmarks and gender-disaggregated indicators and ensure these are reflected in the M&E plan of the programme. Indicators should be disaggregated by sex and age for immunized children or children to be immunized. For caregivers, indicators should disaggregate by sex, age, ethnicity, wealth quintile, religion, location, caste, education level, etc. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound). | 0    |
| 2.51 | Use the GAP indicators for outcomes and outputs that have been created and draw upon the standard indicators by sector to the extent possible.  | 0    |
| 2.52 | Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g., quotas for female and male participation in programme activities) and special efforts are made to recruit participants from the underrepresented sex or population groups.   | 0    |
| 2.53 | Ensure that indicators capture qualitative (e.g., perceptions, opinions, observations, judgments) as well as quantitative (e.g., numbers, percentages, proportions) changes in lives of women and men [and where relevant, girls and boys] and in the health outcomes of newborns/children.   | •    |
|      | PARTNERSHIP   |      |
| 2.54 | Determine synergistic action necessary at different levels including household, community, health facilities, national ministries and policy makers.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.55 | Promote gender equality in strengthening national capacity of the relevant ministries – maternal, infant, and child health – and in department responsible for immunizations so that it affects policy development, the management information system, human resource planning, service delivery, and management and administration.   | O    |
| 2.56 | Promote gender equality and gender-responsive service delivery in training institutions for health professionals.  | O    |
| 2.57 | Identify key partners in implementing the programme and assess their capacity for gender-responsive planning, implementation and monitoring. This may include national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth civil society organizations (CSOs) that have experience in providing support for women's and girls' empowerment and rights in health and with organizations that work with men and boys to promote fatherhood and engagement in caregiving. | O    |
| 2.58 | Identify if there is potential for supplementary intersectoral programmes involving health, nutrition, education, WASH, child protection, ECD, C4D, etc. and ensure gender focus persons/advisers are engaged to maximize the results.   | •    |
| 2.59 | Seek collaboration with other UN agencies, such as UN Women, WHO, and UNFPA, for supplementary programming and alignment on gender-responsive outcomes.  | O    |
|      | RISKS AND ASSUMPTIONS  |      |
| 2.60 | Assess whether the programme reflects a basic assumption that gender equality is fundamentally about promoting transformative and sustained changes in the lives of women, men, girls and boys.  | C    |
| 2.61 | Identity and address any major risks and opportunities in implementing the programme in a gender-responsive way.   | O    |
| 2.62 | Eliminate legal, financial, social and institutional barriers that prevent the participation of women/girls, men/boys and vulnerable groups in programme/project design, implementation, monitoring and evaluation. Examples: lack of ID cards for vulnerable groups to obtain child immunizations, fees and transport costs for mothers to reach immunization services, gendered information from health facilities that discourage fathers' health seeking behavior for their children.  | O    |

| NO.  | QUESTIONS   | DONE |  |
|------|---|------|--|
| 2.63 | Identify the possible backlash to women/girls and any risk factors that may be association with the programme implementation (e.g., mothers who decide to vaccinate their children in the face of antivaccine opinions of male authorities or community gatekeepers).   | 0    |  |
|      | RESOURCES   |      |  |
| 2.64 | Ascertain whether gender components and activities included in the programme have dedicated resources – human, technical, technological, financial – in the budget.   | O    |  |
| 2.65 | Ascertain whether there is a gender-focused resource allocation for gender equality and women and girls' empowerment and if it is over 15% of the entire budget.  | O    |  |
| 2.66 | Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding so that the issues can be addressed at scale.  | O    |  |
| 2.67 | Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC), Gender Equality Markers (GEM), and the Gender Tag for activity level in VISION to track progress.   | 0    |  |
|      | COMMUNICATION AND KNOWLEDGE MANAGEMENT (See also earlier section on Activities.)  |      |  |
| 2.68 | Promote awareness raising to address traditional social and gender norms in support of utilization of maternal, infant and child health services. More specifically, design campaigns to address the beliefs, myths, and perceptions driving vaccine hesitancy among female and male caregivers. Promote meaningful male engagement in child care and immunization. Design separate gender-appropriate communication strategies for women/girls and men/boys, if necessary. | O    |  |
| 2.69 | Design communication strategies to increase demand for immunization services and facilitate access to information on vaccines and services to appeal to mothers, fathers, other caregivers, and community members, with particular attention paid to underimmunized areas and populations.  | O    |  |
| 2.70 | Ensure that female and male caregivers participate in the programme and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.   | O    |  |

| NO.  | QUESTIONS   | DONE |  |
|------|---|------|--|
| 2.71 | Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in the programme design.   | O    |  |
| 2.72 | Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in such programmes.  | •    |  |
|      | INNOVATION  |      |  |
| 2.73 | Promote partnerships with private sector, academia, and NGOs for innovative solutions to solve identified gender challenges and to reach the most at risk children (girls and boys) owing to background characteristics of mothers and other primary caregivers, as per the gender analysis (as well as other factors such as social exclusion, poverty). | O    |  |

# STEP 3

## **IMPLEMENTATION**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 3.1  | Identify and implement required activities to achieve the proposed gender outputs and outcomes as outline in the programme.   | 0    |
| 3.2  | Assess if immunization services for children, through female and male caregivers, are properly delivered as planned.  | 0    |
| 3.3  | Review the results of the programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.               | 0    |
| 3.4  | Identify and mitigate possible risks of any interventions related to the programme, especially factors that may limit mothers' (especially the more vulnerable) choice and ability to access immunization services for their children.      | 0    |
| 3.5  | Ensure the programme builds the capacity of female and male caregivers to adopt immunizations and other preventive health care for children through improving health literacy and dispelling fears about vaccines.                          | 0    |
| 3.6  | Ensure the programme builds the capacity of health care workers to dispel fears about vaccines amongst mothers and fathers, educate them sufficiently, and encourage trust in the health system.  | 0    |
| 3.7  | Update policies/strategies, guidelines and bylaws to incorporate the promotion of gender equality together with training and promotion programmes, operational guidelines, etc.   | 0    |
| 3.8  | Ensure that data and data analysis gaps on gender and other disparities on immunization coverage are being addressed by the programme and partners; and ensure that data are being disaggregated by sex, age and other demographic factors. | 0    |
| 3.9  | Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities. Ensure that commitments and actions are documented, followed and reported in a timely manner.               | 0    |
| 3.10 | Ensure gender inequalities are regularly reviewed and addressed in programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.  | 0    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 3.11 | Define and mobilize collaborative efforts and strategies with all partner organizations. Make sure that working partners have adequate skills to integrate a gender equality perspective into the programme and with a minimum gender bias.   | 0    |
| 3.12 | Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups. | O    |
| 3.13 | Assess if there is equitable access to quality, affordable infant/child care – with an emphasis on immunizations – to mothers and caregivers of all backgrounds. Adopt a community-based / outreach approach to service delivery and hours of service delivery to women's and men's work schedule.                          | 0    |
| 3.14 | Assess other needs of mothers as caregivers (literacy, education, skills training, income generation, transport) as these emerge and propose practical ways of addressing these needs in the programme.   | 0    |
| 3.15 | Ensure information sharing (feedback) mechanisms with/between partner organizations and affected communities (especially women and girls) are in place and effectively used.  | 0    |

# STEP 4

# **MONITORING**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 4.1 | Ensure a set of interventions (activities) are being implemented as planned and outlined in the programme and if gender-related issues are being addressed as planned. Monitor the effectiveness of resources being invested.                | •    |
| 4.2 | Ensure a mix of women and men in monitoring tasks as well as the participation of gender specialists or focal points.  | O    |
| 4.3 | Ensure that monitoring events are sensitive to the needs of women and girls (their time and availability).   | O    |
| 4.4 | Determine whether there are any data limitations in monitoring progress towards outputs and outcomes (e.g., databases are not gender-disaggregated).   | 0    |
| 4.5 | Collect and analyze data to identify any gender gaps in access, participation, or benefits. Where gender gaps are identified, investigate why they are occurring and what adjustments are needed to ensure that gender results are achieved. | •    |
| 4.6 | Make any adjustments needed to scale up programme components that are successfully addressing gender inequalities and curtail those activities that appear to raise the risks for women/girls or reinforce gender inequalities.              | 0    |

# STEP 5

# **EVALUATION**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 5.1 | Assess how well the baseline study was able to collect disaggregated data as well as data on key gender inequalities. On the basis of this, determine what measures can be taken in the future to fill data gaps in sex-disaggregated data (and other social variables) and what measures should be taken during midterm and final evaluations to collect the necessary data for gender results. | 0    |
| 5.2 | To the degree possible, use the WHO gender assessment scale – gender exploitative, gender blind, gender sensitive, gender responsive and gender transformative – to assess the level of change, as part of evaluations. This will help respond to the question of the extent to which the programme has transformed gender inequalities affecting immunization coverage.                         | •    |
| 5.3 | Document the changes in policies, practices, ideas, beliefs, attitudes relating to vaccines that have occurred within specific institutions, groups and individuals and how they have contributed to greater gender equality (e.g., fathers are more engaged in caregiving, mothers have improved health literacy and are better equipped to make sound decisions for their children's health).  | 0    |
| 5.4 | Document the results of transforming gender inequalities on rates of immunization coverage and on any sex differentials in coverage.   | O    |
| 5.5 | Evaluate whether there has been a positive or negative shift towards child immunization (attitudes and practices) on the part of mothers, fathers and caregivers as well as in the treatment of clients by health workers. Identify the essential causes for the shift.  | •    |
| 5.6 | Identify any gaps in research or in being able to assess causes for certain behaviors, perceptions, and beliefs on the part of mothers, fathers and other caregivers in relation to child immunization.  | O    |
| 5.7 | Assess the extent to which different stakeholders in communities, including the most vulnerable, and the health sector – women, men and where relevant, girls, boys –have been consulted throughout the entire programme and whether equal value has been given to the information, opinions and ideas they provided.  | 0    |
| 5.8 | Note which strategies supporting the participation and engagement of women within different vulnerable communities have a positive impact on immunization coverage.  | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 5.9  | Identify how results influenced the indirect beneficiaries and wider community, particularly with regard to vaccine hesitancy.  | O    |
| 5.10 | Identify any unexpected or unintentional effects (both positive and negative), including on gender relations and gender equality and why they occurred.   | O    |
| 5.11 | Assess what potential workarounds or solutions are planned or being planned to address the further challenges.  | O    |
| 5.12 | Use a combination of female and male evaluators where possible.  Make sure at least one member of the team is skilled in gender analysis.   | O    |
| 5.13 | Analyze what challenges have been encountered along the way (e.g., integrated programmes, multi-sectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change). | •    |
| 5.14 | Ensure the evaluation includes concrete recommendations for follow-up initiatives to further promote gender equality to improve immunization coverage.  | O    |
| 5.15 | Evaluations are given a rating (the GEROS) that includes a gender rating. How could this be useful here?  | O    |

# STEP 6

# **REPORTING**



| NO. | QUESTIONS   | DONE |
|-----|---|------|
| 6.1 | Select 1-3 key gender results that are the strongest to report under the COAR. If possible, include at least one from among the targeted gender priorities and one gender mainstreaming results of the 2018-2021 GAP. Use the guidelines for best, very good and good results.  | 0    |
| 6.2 | Document lessons learned and best and innovative practices related to gender mainstreaming in the programme for learning, communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond as well as those that were successfully addressed.   | 0    |
| 6.3 | Ensure consistency in reporting data as disaggregated in M&E findings – sex, age, wealth quintile, location, ethnicity, etc.  | O    |
| 6.4 | Consider how and to whom to communication the results of the initiatives.   | 0    |
| 6.5 | Disseminate the gender-related results of the programme to government authorities, donors, partners, beneficiaries, and the general public. Very often, many great accomplishments on gender equality are being realized but are not communicated beyond the implementing organization and/or partners.   | 0    |
| 6.6 | Ensure gender-related learning is captured in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming. Highlight, for example, innovative approaches and strategies that have been deployed to achieve the gender results, and should be taken to scale. | •    |
| 6.7 | Use key gender gaps or opportunities that have been identified but could not be addressed during programme implementation as the basis to inform the design of future programmes.   | •    |
| 6.8 | Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.   | O    |



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# FLAGSHIP RESULT: ADOLESCENT PARTICIPATION

ECARO GUIDANCE ON GENDER RESULTS AND REPORTING FOR FLAGSHIP RESULTS





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# FLAGSHIP RESULT ADOLESCENT PARTICIPATION

**ECARO Guidance on Gender Results and Reporting for Flagship Results** 



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# SECTION 1

**GENDER-RESPONSIVE RESULTS-BASED MANAGEMENT** 

The first section of this toolkit on the flagship result was designed to provide guidance on applying a gender-responsive approach to results-based management.

To skip to Section 2 of the Technical Guidance, go to page 50.



# **Why Gender Matters**

The section begins with an introduction to the ECA context and addresses the critical gender barriers prevalent in the region that pertain to adolescent participation. A short set of reflection questions is included for each priority gender issue. Additional data in form of graphs as well as country highlights also substantiate a discussion of the issue. If you prefer to go straight to the gender barriers, go to page 10.



# Other Global and Regional Sectoral Guidance

Should you wish to consult other gender guidance, the resources that are highlighted here will take you directly to the most recent global guidance for gender mainstreaming in the Situation Analysis phase, in the development of Programme Strategy Notes, the preparation of the Country Programme Document, or the undertaking of a Gender Programmatic Review which includes a toolkit.

Other regions – ESARO, EAPRO, and ROSA – have also developed gender guides or briefs tailored to their regions. Other regions can also offer useful examples by sector, GAP area, or a specific programmatic focus. It is worth noting that the ROSA Gender Toolkit was the precedent to the ECARO Gender Toolkit and was therefore adapted to the context of the ECA region.



# **Gender Results That Can Be Achieved**

Here is an articulation of possible gender outcomes or results that ensue when systematic attention is drawn to gender disparities. Gender results are formulated for "boys and girls," "care and support of all children," which represent the Gender Action Plan (GAP) themes for gender integration in programming, and "adolescent girls' empowerment," representing the Targeted Gender Priorities in the GAP. Throughout the document, you may also find examples of gender results from specific subregions or country offices under "Country Highlights."

An illustration of a gender-responsive theory of change, in a simple format (without multiple levels of causality) is provided for a sample programme outcome with relevance to a particular sub-region.

This is followed by a set of gender-responsive output statements at four levels: enabling environment, demand, supply and quality. Of the four examples, two of them are further broken down to show how the statement would change along the continuum from gender-negative to gender-transformative.



# **Choosing Indicators**

A menu of indicators that are aligned with the Gender Action Plan priority areas with their associated SIC codes and GEM marker ratings, relevant to this particular flagship result, is provided for easy referral.



#### **Useful Resources**

The resources listed here will help navigate you to other reference guides, data, and reports relevant to gender integration for this flagship result. This set of resources is not intended to be as comprehensive as a literature review; it is a short list of the most relevant documents that complement this guide in their analysis, empirical evidence, or instructional depth.

## **REGIONAL FLAGSHIP RESULT**

#### **Current outcome statement:**

By 2021, twenty million adolescents in the Region, including the most vulnerable, have a chance to be connected, engaged and empowered.



# WHY GENDER MATTERS

# Introduction to the ECA Regional Context

Adolescents in Europe and Central Asia are one of the region's greatest assets. Yet few have the chance to participate in decisions that affect their lives and the lives of their communities, and their potential contribution to society is often overlooked. Many adolescents have limited access to essential services in health, education, social protection, child protection, and justice. Their exclusion is often rooted in poverty and lack of opportunities, as well as inadequate policies, laws and budgets to respond to their rights and needs.

Social norms also work against their participation and perpetuate 'traditional' gender roles. Child marriage, for example, can be found in the Caucasus and Central Asia, and among Roma and refugee communities. Marginalized adolescents now account for most of the children living in residential care across the region. Adolescents face particular risks; road injuries, for example, are the leading cause of death among adolescents, aged 15-19, followed by self-harm, interpersonal violence and drowning. Risky behaviour, including unprotected sex and the use of tobacco, alcohol and drugs, often starts early and is on the rise in some countries

While sexual and reproductive health remains a concern in many countries, mental health issues such as depression are becoming more prominent. Depression is now the leading cause of the burden of disease in some countries, including Kazakhstan, where suicide rates are among the highest in the world for boys aged 15-19.

Access to lower secondary education is high across the region, at 96 percent, but access and completion rates for adolescents with disabilities or from Roma communities are low. Data from 2015 reveal that 30-50 percent of 15-year-olds fail to master basic skills in reading, mathematics and science. Girls perform better in science and math, while the gender gap in reading has been narrowing.<sup>1</sup> Many never make it to upper secondary education, where 2.4 million adolescents are thought to be out-of-school. Owing to the social norms, girls and boys are ascribed biased gender roles that curb their future opportunities in different ways. Those that do make it report that curricula are rarely adapted to today's labour market which reinforces gender stereotyping. As a result, many adolescents are not in education, employment or training (NEET), girls even less so.

Adolescents are often at higher risk of poverty than younger children and may not qualify for social protection benefits. For some, poverty leads to child labour, early marriage, and those living or working on the streets may be exposed to violence, abuse and

<sup>&</sup>lt;sup>1</sup> UNICEF ECARO. "Mind the Gap: Gender Report of Europe and Central Asia Regional PISA 2015 Results." Regional Forum on Sustainable Development. Geneva: UNICEF ECARO, 2019, p. 3.

exploitation. Those who are refugees or migrants are particularly at risk of such rights violations.

Only a fraction of adolescents whose rights have been violated seek redress or have access to justice. Of these, few, if any, get the justice they deserve. Adolescent boys and girls in many countries in the region are deprived of liberty on account of their so-called anti-social behaviour

### **Gender in Context**

It should be noted that the Flagship Result Adolescent Participation is a relatively new area for UNICFF FCARO and therefore data on gender disparities across adolescence remain somewhat incomplete. This section highlights the gender issues affecting adolescents in the region, for which evidence is available. It begins with a brief summary of the critical gender barriers and bottlenecks that can be used in the causal analysis of gender inequalities relating to adolescent participation. This is followed by an articulation of the priority gender issues which influence participation outcomes and for which there is sufficient evidence in the region. A set of one to three key questions appears under each gender issue to consider in adolescent programming.

# The relevant gender barriers

Evidence against all five gender bottlenecks and barriers listed above can be found for some or even most of the countries in the region. However, the most critical barrier relates to gender norms that establish a life cycle of gender socialization and stereotyping from infancy into adulthood. By the time they reach adolescence, girls and boys have already



internalized male and female identities. As will be seen below, masculine and feminine ideas and expectations have a strong hold on adolescents. The risks which adolescent girls and boys face are largely a result of prevailing gender norms that perpetuate unequal gender relations. Adolescence is a critical period for preventing the gender-differentiated risks uniquely present during the second decade, such as teenage pregnancy and drop out, helping adolescents navigate their vulnerabilities, and enhancing the opportunities that will carry them into adulthood.

# Priority gender issues and key questions

The priority gender issues below are categorized around the three key factors contributing to the resilience and wellbeing of adolescents: connection, engagement, and empowerment.

There are three overarching issues that cut across and explain gender barriers for each of the areas in which UNICEF will be working under this Flagship Result in support of adolescent participation. They are gender roles, adverse social and gender norms, and gendered risks and outcomes

#### **Gender roles**

At the age of adolescence (10-19), girls and boys are strongly influenced by gender roles. Gender roles and ideals of masculinity and femininity either become rooted or transformed during this decade of growth and development. When adolescents appropriate the definitions of masculinity and femininity into which they were socialized, their life trajectories are then shaped by these beliefs and the choices they make or that their parents or caregivers make for them. The intergenerational cycle of patriarchal gender norms and the pattern of violence go unbroken.

It is especially important to note that gender identities formed with higher intensity during adolescence occurs through modelling of people, such as parents and teachers, and through the media. Television projects male characters that are dominant and more competent than female characters, reinforcing a selfimage for boys are their importance and higher status, while girls' self-image is undermined.2



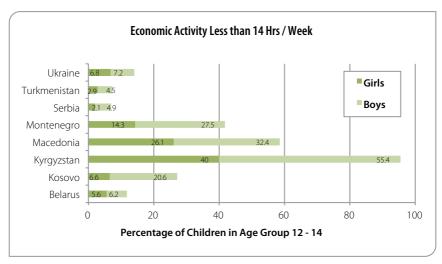
# **Gender Socialization** and its Relevance to **Education**

Gender socialization refers to the processes by which individuals (especially children and adolescents) internalize, or take on, those informal rules or shared beliefs shaped by gender norms.

UNICEF is prioritizing gender socialization as part of its broader work on gender equality. Much of the work on tackling gender norm change and gender socialization will be accomplished under this Flagship Result on Participating, which will include working with both adolescents and parents to address prescribed gender roles within the home. The Regional Gender Strategic Framework is crafted to address discriminatory gender norms in areas of justice, education, adolescent health and HIV/ AIDS, and C4D.

<sup>&</sup>lt;sup>2</sup> Halim, May Ling, Diane N. Ruble, and Catherine S. Tamis-LeMonda. "Four-Year-Old's Beliefs about How Others Regard Males and Females." British Journal of Developmental Psychology 31 (2013): 128-35.

Parents' division of housework affects children's gender concepts and research in the ECA region confirms that parents confer to adolescents different roles and responsibilities based on gender. A common belief is that girls are more responsible, and boys mature later in life. Using examples from Moldova, Romania and Georgia, parents tend to assign to girls domestic work or work inside the home and to boys, work outside the home.<sup>3</sup> Although the sample is small, data available from MICS surveys show consistently that boys are more engaged in economic activity and girls more in household chores, in the age group of 12-14.4 See the two graphs below. This is nonetheless changing in many countries, as mothers increasingly work outside the home.<sup>5</sup> Still, other research reveals hegemonic myths that girls are vulnerable and boys are strong and independent, and pubertal boys are sexual predators while girls are potential targets or victims. In Central Asia, girls are valued and encouraged to marry, cook, clean and "be a good wife." 6 Girls are expected to be chaste, shy and modest in clothing and speech; to be obedient and tolerant of limitations. Impulsive or demanding behavior from boys is accepted; they are expected to be dominant with the opposite sex and are groomed as providers and household heads. These roles are further reinforced through schools and gender stereotypical pedagogy, as well as through other social institutions.



Source: MICS Data, 2011 - 2016

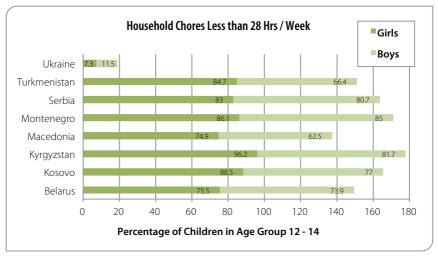
<sup>&</sup>lt;sup>3</sup> Proteknon, and UNICEF. "Parenting Adolescents: Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania." UNICEF ECARO, August 2018, p. 48.

<sup>&</sup>lt;sup>4</sup>These are the countries for which data were available from 2011 onwards. One exception is Moldova where more boys than girls are engaged in household chores.

<sup>&</sup>lt;sup>5</sup> Ibid., p. 4.

<sup>&</sup>lt;sup>6</sup> Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 50.

<sup>7</sup> Ibid.



Source: MICS Data, 2011 - 2016

Enacting these traditional gender roles leads to unequal power in relationships between adolescent boys and girls, to limited opportunities for girls, and to risky behaviors, particularly during a period of hormonal change. While adolescent boys may be expected to prove their masculinity through sexual encounters, girls who face more restrictions on their behavior may revert to covert sexual behavior.8

# **OUESTION**



1. What are the various entry points for transforming gender relations amongst adolescents but also parents/caregivers cross-sectorally that are in use in the region?

# Adverse social and gender norms

Some of the social/gender norms that affect adolescents in particular in this region are highlighted here below along with a brief description of the impacts on girls and on boys.

<sup>&</sup>lt;sup>8</sup> Proteknon, and UNICEF, 2018, p. 68.



#### **Males and Masculinities**

Masculine ideology is a set of descriptive, prescriptive and proscriptive of cognitions about boys and men. Men and boys have been socialized to use aggression and violence as a mean to resolve interpersonal conflict. Constricted notions of masculinity favor aggression, homophobia and misogyny, which often accounts for boys' disruptive behavior, such as bullying, homosexual taunting, and sexual harassment.

Source: Reports cited in the Moldova 2018 COAR, such as the OECD 2018 and NBS, 2011.

In an IMAGES Study for the Balkans (2011), data confirmed associations between men's use of intimate partner violence and their childhood experiences of violence, holding gender inequitable attitudes, work related stress and alcohol use. Solutions include stigma-free counselling and support to victims of violence and school or community-based programmes that utilize a gender-transformative approach in addressing violence and that promote peaceful masculinities amongst male adolescents

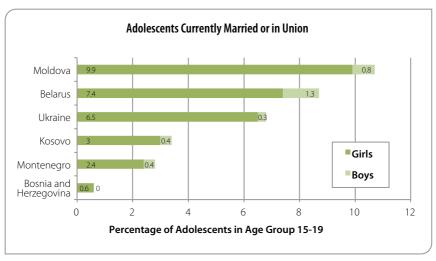
Source: Barker, Gary, and Piotr Pawlak. "Understanding Young Men and Masculinities in the Balkans: Implications for Health, Development and Peace." CARE – Young Men Initiative, September 2014.

#### Child marriage and early childbearing

Child marriage and early co-habitation are common in the region, although rates vary considerably among countries and among population groups within countries.<sup>9</sup> According to MICS data from recent surveys (2011-2016), Kosovo, Macedonia, Moldova, Kyrgyzstan, and Ukraine have the highest rates of girls marrying before age 18, within the age group of 20-49. Moldova has the highest rate at 14.9. Rates of boys marrying before age 18, where available, are lower than three and a half percent.<sup>10</sup> Similarly, far fewer boys than girls are either married or in union in the age group 15-19 (see graph).

<sup>&</sup>lt;sup>9</sup> Child marriage is more prevalent among Roma communities than in the wider population. In some countries – Azerbaijan, Georgia, Kyrgyzstan, and Turkey – prevalence is more dispersed among the population. See "Child Marriage in Europe and Central Asia: UNICEF's Response: Regional Overview." UNICEF, n.d., pp. 11-12.

<sup>&</sup>lt;sup>10</sup> The countries for which MICS data, 2011-2016, were available include Belarus, Bosnia & Herzegovina, Kosovo, Kazakhstan, Kyrgyzstan, Macedonia, Montenegro, Moldova, Serbia, Turkmenistan, and Ukraine.



Source: MICS Data, 2011 - 2016

Gender norms extend to decisions of when and who to marry and when and how many children to have. Within some population groups, for instance, the burden of family honour lies upon adolescent girls and ensuring their virginity at marriage out of fear of what community members will think.<sup>11</sup> In contexts of violent conflict, child marriage is seen by parents as a way to "protect" their daughters from the threat of sexual violence. However, child marriage is driven by other social norms as well, such as arranged marriages to escape poverty or limited education and employment opportunities. While girls are more affected by child marriage than boys, both girls and boys may enter an early union, especially if the girl is pregnant.<sup>12</sup>

Married girls come under pressure to become pregnant as soon as possible or were married because they were already pregnant. Early childbearing places the mother at greater risk of complications in pregnancy and birth than older women and these risks may be exacerbated in some countries by poor access to reproductive, sexual, and maternal health services. This is particularly so for Roma girls. 13

#### Negative perceptions of adolescents by society

Society in general often regards adolescents as a problem, portraying them as a threat to the wellbeing of communities and societies.14 Adverse gender norms, toxic masculinity,

<sup>11 &</sup>quot;Regional Report, Mapping of UNICEF's Investments in Gender Socialisation in Europe and Central Asia, UNICEF Global Mapping on Gender Socialisation." UNICEF, 2018, pp. 15-16.

<sup>12</sup> UNICEF. "Child Marriage in Europe and Central Asia: UNICEF's Response: Regional Overview." UNICEF, n.d., pp. 11-12.

<sup>&</sup>lt;sup>13</sup> Ibid., p. 14. See "Adolescent Pregnancy in Eastern Europe and Central Asia." UNFPA, n.d., p. 5.

<sup>14 &</sup>quot;Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d.

and the perpetuation of violence from one generation to the next contribute to the risk-taking behavior of adolescents that parents fear. Parents tend to punish sons more harshly than daughters but, at the same time, feel they are more likely to be judged based on their daughters' behavior than boys' because of family honor. 15 As such, girls are perceived as a risk or, in other instances, as an economic burden. Girls' behavior is therefore restrained and controlled; boys are often subject to corporal punishment at home and in schools. The structural environment for adolescents reinforces a punitive approach that blames parents for the problems of their adolescent children, to the extent that their parental rights can be withdrawn. 16 This is also why the Flagship Programme on Adolescent Participation is based on resiliency, shifting the focus from the negative and risky behaviors of adolescents to their strengths, assets and protective factors that will reduce risk taking.

#### Gender-based violence and adolescents

Rates of gender-based violence remain high in the region. In a study of seven countries in the region, it was found that 70 percent of women surveyed experienced some form of violence since the age of 15, the most common being intimate partner psychological violence.<sup>17</sup> The same study found that 21 percent of women experienced physical, sexual or psychological violence during childhood (up to age 15). Younger women aged 18-29 tend to have experiences of nearly all forms of sexual harassment in higher proportions compared to their older counterparts. Groups of women at higher risk include being younger, being a refugee or internally displaced, having a disability, being poor, or economically dependent or with children. Rates of violence against children also tend to be higher among vulnerable communities such as migrants and populations living in conflict or emergencies.

Gender-based violence has an impact on boys as well – as mentioned above, boys are more likely to experience violent discipline than girls. Boys are more susceptible to bullying and harsh discipline. They are also more likely to perpetrate violence, including sexual violence, while girls are more likely to be victims. Girls and boys manage trauma differently; boys externalize through counter bullying, aggression and other forms of explicit violence. Girls internalize because of the stigma and engage in self-blame, selfharm, depression or low self-esteem. Given the lack of mechanisms to address violence. boys are at risk of falling prey to the justice system with little chance of rehabilitation or reinsertion; while violence against girls is often not prosecuted and even tolerated by society.18

<sup>15</sup> Proteknon, and UNICEF, "Parenting Adolescents: Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania." UNICEF ECARO, August 2018, p. 68. 16 "Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d., pp. xiv-xv.

<sup>&</sup>lt;sup>17</sup> OSCE. "OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women. Main Report." OSCE,

<sup>18 &</sup>quot;Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d., pp. vii-viii.

#### **OUESTIONS**



- 1. How is youth programming addressing the underlying causes of violent behavior among adolescent boys? What is being done to alter ideals of masculinity?
- 2. What improvements are needed in the justice system to appropriately address and rehabilitate young boys accused of committing crimes and keep them out of detention/ incarceration or institutional care?

#### Gendered risks and outcomes



# **Engaging Men and Boys for Gender Equality**

"Engaging adolescent boys and young men means understanding their lived experience of being men and boys – the stress of inability to find work, difficulty in seeking help for mental health or substance abuse, the struggle to conform to sustainable ideas of what it means to be a man. When boys feel that they are in a safe and confidential space . . . research shows that they will open up honestly to talk about their experiences. Evaluation research also shows that boys and young men are willing and motivated to change their attitudes and behaviors around gender equality. They also internalize the gender-equitable behaviors performed by adult men . . . that they witness during childhood."

Source: Kato-Wallace, J., et al. "Adolescent Boys and Young Men: Engaging Them as Supporters of Gender Equality and Health and Understanding Their Vulnerabilities." Promundo-US and UNFPA, n.d., p. 70.

The consequences of the gendered roles and gender norms described above for adolescent girls and boys are manifold. Here are some of the principal outcomes affecting adolescent girls and/or boys in the region.

#### For adolescent girls:

• Teenage pregnancy – although the rate has been declining in the region, the disparities in the region show that adolescent girls in rural areas, from poor communities and ethnic minority families at most disadvantaged. Adolescent pregnancy has serious impacts on girls' education, health and long-term employment.<sup>19</sup> Among them, the top risk is HIV and the number of HIV-positive pregnancies in the region has risen in recent years.<sup>20</sup> Also, abortion rates among women under 20 are high in Eastern Europe, especially for Moldova and Romania.<sup>21</sup>

<sup>&</sup>lt;sup>19</sup> "Adolescent Pregnancy in Eastern Europe and Central Asia." UNFPA, n.d.

<sup>&</sup>lt;sup>20</sup> See 2010 citation in UNFPA, n.d., p. 5.

<sup>&</sup>lt;sup>21</sup> Ibid., p. vi.

#### For adolescent boys:

• Susceptibility to joining gangs or extremist groups – while this can also pertain to girls, social norms are more restrictive of girls and more tolerant of deviant behavior among boys, generally. Aggression is also part of a machismo ideal of masculinity. Adolescents who are more prone to joining gangs or extremist groups are often the product of difficult family circumstances, including poverty, family breakdown, parental abuse or alcoholism 22

#### For both girls and boys:

- Drop out Large numbers of adolescents start to drop out-of-school at age 13. In some countries, the dropout rate is higher for girls (Bulgaria, Moldova, Kyrgyzstan, Serbia, Uzbekistan and Turkey) and in Armenia, Ukraine, and Romania it is higher for boys.<sup>23</sup> Roma children have higher rates of dropout and greater gender disparities.<sup>24</sup>
- Unprotected sex / HIV The region is one of two where HIV prevalence has not declined in recent years, with only a 9 percent decline in new infections among people aged 15-24 from 2010 to 2017.<sup>25</sup> Of the estimated 77,000 young people in this age group living with HIV, 42,000 are girls and young women and 35,000 are boys and young men. Levels of comprehensive knowledge about HIV prevention vary significantly in the region, from 16.8 and 17.4 percent for girls and boys respectively in Kosovo to 56.1 and 50.9 percent for girls and boys respectively in Belarus.<sup>26</sup> In some of the same countries, MICS data show that boys generally have more protected sex with non-regular partners than girls, with high gender disparities for Kosovo and Ukraine.<sup>27</sup> This disparity is likely to reflect the unequal gender power relations that are very strongly reflected in decision making over sexual relations. Girls and boys face different levels of stigmatization when engaging in risky sexual behavior, and adolescent boys are rarely held to the same standards as girls.<sup>28</sup>
- Substance abuse affects both boys and girls. In Europe, 25 percent of boys and 17 percent of girls aged 15 report drinking alcohol at least once a week and almost one third report having been drunk at least twice.<sup>29</sup> With regard to binge drinking among 15-19 year olds, the rate can be higher among girls vs. boys in some countries.

<sup>&</sup>lt;sup>22</sup> UNICEF. "The State of the World's Children 2011: Adolescence, an Age of Opportunity." New York, NY: UNICEF, February 2011, p. 55.

<sup>&</sup>lt;sup>23</sup> See the Gender Guidance on the Learning Flagship Result.

<sup>&</sup>lt;sup>25</sup> UNICEF. "Children, HIV, and AIDS: Regional Snapshot: Eastern Europe and Central Asia." UNICEF, December 2018.

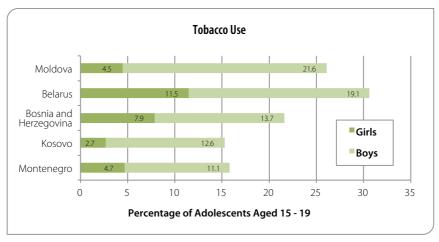
<sup>&</sup>lt;sup>26</sup> This is based on available MICS data, 2011-2016, for both girls and boys. The countries for which data were available include Belarus, Bosnia & Herzegovina, Kosovo, Montenegro, Moldova, and Ukraine.

<sup>&</sup>lt;sup>27</sup> Of the six countries for which data were available for both girls and boys on condom use during sex with nonregular partners, Kosovo had a 30.3 percent disparity and Ukraine a 38 percent disparity, both in favor of boys. The other countries include Belarus, Bosnia & Herzegovina, Montenegro, and Moldova.

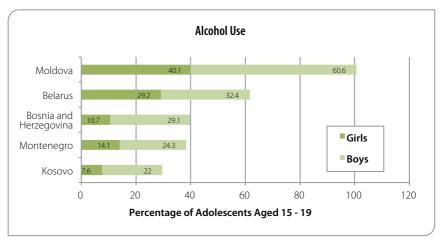
<sup>&</sup>lt;sup>28</sup> "Regional Report. Mapping of UNICEF's Investments in Gender Socialisation in Europe and Central Asia. UNICEF Global Mapping on Gender Socialisation," UNICEF, 2018, p. 25.

<sup>&</sup>lt;sup>29</sup> WHO report cited in "Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d., p. vi.

• Boys also demonstrate higher levels of tobacco smoking than girls.<sup>30</sup> See graphs below that capture countries for which recent MICS data are available.



Source: MICS Data, 2011 - 2016



Source: MICS Data, 2011 - 2016

• Suicide and mortality risks – The mortality due to suicide is also higher for boys than for girls in the region among 15-19 year olds.<sup>31</sup> The disproportionate suicide burden for boys has been linked to masculine norms that discourage vulnerability, emotional expression and help-seeking behavior.<sup>32</sup> Self-harm is the second most important cause

<sup>30</sup> Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 55.

<sup>&</sup>lt;sup>31</sup> Ibid., p. 55.

<sup>&</sup>lt;sup>32</sup> Ibid., p. 74.

of death among adolescents across the region, however, for Kazakhstan and Turkey, it is the leading cause. In Tajikistan the rate of self-harm is higher among girls than boys. In Azerbaijan, the leading cause is interpersonal violence. In all countries in the region, boys are also more likely than girls to die from road traffic accidents, a pattern likely to be associated with their greater mobility than girls in urban settings and greater freedom of movement in public spaces.<sup>33</sup> In general, boys in the region – especially aged 15-18 years – are more at risk of dying prematurely.34

Mental health – in general, mental well-being declines as young people move through adolescence, according to a WHO 2013/2014 study on health behavior in school-aged children (11, 13, and 15).<sup>35</sup> Clear gender differences are found; girls report lower levels of perceived health, lower life satisfaction, and more frequent health complaints. The gender gap increases with age. Both girls and boys experience behavioral disorders, anxiety and depression, however, the burden of mental health disorders, as for suicide, is higher for adolescent boys. Masculine norms that condone violence, risk taking among boys while discouraging vulnerability and emotional expression contribute to stress factors for boys. Harsh parenting practices that include physical abuse of children can also cause trauma and those who have witnessed abuse of their mothers are then more likely to have higher rates of intimate partner violence and exhibit harmful behaviors.<sup>36</sup>

#### **QUESTIONS**



- 1. How are adolescent-friendly health services including mental health services mainstreaming a gender-responsive approach?
- 2. Does health education and promotion of healthy life styles include behavior change in gender relations amongst adolescents?

#### Connection

# Digital connectivity and gender gaps

Digital technology is transforming childhood, as more and more children have the possibility of going online. Youth, from the age of 15 to 24, constitute the most connected age group and worldwide, 71 percent of youth are online compared with 48 percent for the total population.37

<sup>33</sup> Burnet Institute, 2018, p. 22.

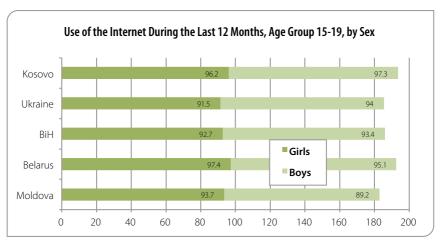
<sup>34</sup> The Global Burden of Disease Study, 2010, cited in "Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d., p. vi.

<sup>35</sup> WHO Regional Office for Europe. "Adolescents' Mental Well-Being. Fact Sheet." WHO, March 15, 2016.

<sup>&</sup>lt;sup>36</sup> Burnet Institute, (2018), p. 73; and UNFPA, and UNICEF, "Making the Connection between Intimate Partner Violence and Violence against Children in Eastern Europe and Central Asia." UNFPA and UNICEF, 2018, p. 19.

<sup>&</sup>lt;sup>37</sup> UNICEF. "The State of the World's Children 2017: Children in a Digital World." UNICEF, December 2017, p. 1.

However, there is a digital gender gap; globally, 12 percent more men than women used the Internet in 2017. In terms of adolescent digital access, one study found no appreciable gender difference in mobile phone or Internet access. In a sample of countries in the region (Kosovo, Belarus, Bosnia & Herzegovina, Ukraine, and Moldova), data shows that the use of the Internet in the 12 months preceding the survey was fairly similar between young girls and young boys aged 15-19. See graph below. Where there may not be significant gender gaps in access to the computer or the Internet in the ECA region, the data suggest gaps based on the wealth index quintile, education level, urban vs. rural and location as well.38



Source: MICS Data, 2011-2012

There are both gains and risks in children growing up in a digital world (see next section on vulnerabilities). They have more access to learning, communities of interest, markets and services and other benefits. Technology has made it easier for children to connect to each other and, with the use of social media, to amplify their voices and seek solutions to problems affecting their communities. The U-Report, a free tool for community participation, is a prime example of how young people can be networked and enabled to engage in issues affecting their lives.

The use of social media as a channel for activism is on the rise, opening up opportunities for collective action and protest, child bloggers and reporters. However, it also means that social media and communication apps can be made a target of governments that want to shut down criticism and dissent. Digitalization can also provide job opportunities through connecting job seekers to employers as well as the creation of 'digital economy' jobs. While the potential for digital connectivity to improve children's chances of a better future is already well demonstrated, much remains as yet unexplored. It will be important to ensure that the gender barriers, such as social norms, education level, technical

<sup>&</sup>lt;sup>38</sup> See MICS surveys for the countries shown in the graph.

literacy, and confidence level are adequately addressed to stem a growing global gender divide in use of digital technologies, in particular in the use of mobile phones, and prevent this trend from also affecting countries in the ECA region.<sup>39</sup>

#### **OUESTIONS**



- **1.** Are UNICEF programmes consistently providing equal opportunity to girls and boys in civic engagement and participation through digital technologies?
- **2.** Are there gender gaps in digital access that pertain to specific population groups or locations in the region?
- **3.** How might gender inequalities in the region be addressed by girls' and boys' growing digital connectivity?

# Differential vulnerabilities in digital connection

While access to the Internet, social media and smart phones have magnified the possibilities for adolescents to be widely networked, it is also transforming the relationship between parents and adolescent girls and boys in two ways: (a) adolescents are spending more time surfing the web than communicating with parents, with potential effects on their connectedness to parents and others; and (b) adolescents are challenging the authority of their parents with information (reliable or unreliable) they access on the web.<sup>40</sup>

Parents are concerned with the risks of the digital world for their children, such as pornography and high-risk games (e.g., 'Blue Whale').<sup>41</sup> And as some of the interviews with adolescents in the Parenting study revealed, teens are developing a sense of attachment and belonging tied to the Internet in ways that may be undermining their socio-emotional needs.<sup>42</sup> Digital connectivity has introduced a whole host of potential harms to children including aggression and violence, sexual abuse, and commercial exploitation. Children can easily become victims of cyberbullying, stalking and harassment. One study found that harassment of women online, particularly those under 30, is so common it is in danger of becoming an established norm. Violence of women and girls takes place offline and online, with one feeding into the other.<sup>43</sup> Evidence suggests that among the children most vulnerable to online harm are girls, children from

<sup>&</sup>lt;sup>39</sup> See the survey the by the GSM Association of 22 low and middle-income countries in 2015 that explain a widening global gap in internet use between women and men. Study cited in SOWC (2017), p. 49.

<sup>&</sup>lt;sup>40</sup> Proteknon, and UNICEF. "Parenting Adolescents: Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania." UNICEF ECARO, August 2018.

<sup>&</sup>lt;sup>41</sup> Proteknon, and UNICEF, 2018, p. 62.

<sup>&</sup>lt;sup>42</sup> Proteknon, and UNICEF. 2018, p. 62.

<sup>&</sup>lt;sup>43</sup> The UN Broadband Commission for Digital Development. 2015. Cyber Violence Against Women and Girls: A world-wide wake-up call, cited in UNICEF SOWC (2017), p. 80.

poor households, children who are out-of-school, children with disabilities, (with girls in special education three times more likely than boys to report online sexual solicitation), children from marginalized communities.44

#### **OUESTIONS**



- 1. How are UNICEF programmes addressing the protection of girls and boys from online sexual abuse, violence, and exploitation?
- 2. What information is being tracked on children most vulnerable to online abuse and exploitation and by sex?
- 3. How are adolescent programmes addressing parental supervision and knowledge about adolescent online behavior?

# Gendered connection with parents<sup>45</sup>

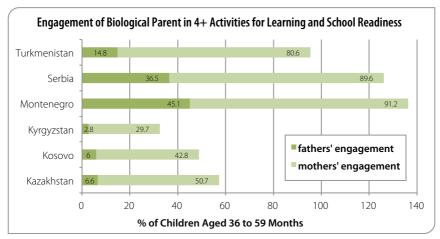
Adolescence is a delicate phase, as it is the time when young people are finding their identity as individuals apart from their parents and in relation to others. But it means parents must also find the balance between giving their children the independence they desire, while providing the support they need. In the ECA region, most parents demonstrate authoritarian or over-disciplinary parenting attitudes and practices that can stunt the emotional and social development of adolescents. Parents who are fearful of risks in the environment or of losing their authority tend to be more authoritarian parents and less willing to trust and respect their children's growing capabilities. The most frequently cited reason for punishment for adolescents is bad marks or bad behavior in school. Punishment for risky behavior, as noted earlier, is gender-differentiated; for girls, it relates to her sexual behavior and for boys, the concern is more strongly related to involvement with drugs and/or gangs. The unequal gender norms that support control of female sexuality and violent masculinity in general lead to poor outcomes for both girls and boys.46

<sup>44</sup> UNICEF SOWC (2017), P. 80.

<sup>&</sup>lt;sup>45</sup> See Proteknon, and UNICEF. 2018.

<sup>&</sup>lt;sup>46</sup> Proteknon, and UNICEF. 2018, p. 127.

Unequal gender norms are an obstacle as well to fathers developing meaningful bonds with their children, especially girls during their adolescence. As mothers assume a disproportionate share of household work and care of children, fathers do not have the same presence as mothers in the lives of their children during the rapid growing years. As reported in the 2017 State of the World's Fathers, in countries where men's involvement in care work is limited, research shows that half or more of the men surveyed said they spent too little time with their children due to their job.<sup>47</sup> The report also notes the difference it makes when fathers are more involved in their children's lives from an earlier age, as they are more likely to continue supporting their physical, cognitive, social and emotional development. In households where men take on more chores at home and women participate in paid work, male children are more accepting of gender equality and girls develop a sense of autonomy and empowerment, creating a positive cycle of caregiving and equality.<sup>48</sup> Overall, a loving connection to both parents and feeling supported by them is critical to the wellbeing of adolescents. One indicator is the extent of fathers' vs. mothers' engagement in their young children's learning and school readiness. As the graph below shows, when comparing the engagement in four or more activities with children aged three to six years to promote learning and school readiness, the rates for biological fathers are considerably lower than for biological mothers. These rates are also a function of whether the children are living with their biological father or mother. The percentage of children living with their biological father dips below 90 percent for Kazakhstan (at 87.3 percent) and Kyrgyzstan (at 78.4 percent). In the case of mothers, all rates are higher than for fathers and only Kyrgyzstan, at 85.9 percent, dips below 97 percent.<sup>49</sup>



Source: MICS data 2013-2016

<sup>&</sup>lt;sup>47</sup> Heilman, B., R Levtov, N van der Gaag, A Hassink, and G Barker. "State of the World's Fathers: Time for Action." Washington, DC: Promundo, Sonke Gender Justice, Save the Children, MenEngage Alliance, 2017, p. 12. 48 Hellman et al. (2017), p. 26.

<sup>&</sup>lt;sup>49</sup> MICS data for Belarus, Bosnia & Herzegovina, Kazakhstan, Kosovo, Kyrgyzstan, Macedonia, Moldova, Montenegro, Serbia, Turkmenistan, and Ukraine, 2011-2016.

# QUESTIONS



- 1. To what extent do parenting education programmes systematically address the development of positive and equitable relations between males and females, including fathers/daughters, mothers/sons, son/daughter, etc. beginning in the household?
- 2. What are the different entry points across the sectors for strengthening the competencies of parents to respond appropriately to girls' and to boys' developmental needs?

#### Gender-discrimination in schools

Aside from adverse gender norms, such as child marriage for girls and child labor for boys, leading to drop out, strong gender stereotypes in school may also be a reason for dropout or absenteeism. Gender stereotypes may be perpetuated by school curriculum and teacher attitudes, behaviors, and expectations of the academic performance of girls and boys. And in many countries boys are subject to bullying and physical violence in schools because teachers do not know how to address the issue. Evidence from a range of countries show that bullying can cause school difficulties (poor attendance, dropout, or under-achievement), socially withdrawn behavior, depression and anxiety, substance abuse, and the likelihood of becoming a perpetrator or victim of violence later in life.<sup>50</sup> For more information, see the Gender Guidance on the Learning Flagship Result.

#### **OUESTION**



1. What models exist in the region on gender-responsive teacher training and curriculum? What are the results on the incidence of violence and on drop out?

# Lack of gender-responsive adolescent health services

The availability and access of services for adolescent girls in particular can help reduce the incidence of teenage pregnancy.<sup>51</sup> Several countries in the region apply a legal restriction to accessing SRH services without parental consent (until age 18); countries where parental consent is not required for abortion, where SRH services are available in all areas and contraceptives are affordable for youth have lower pregnancy rates.<sup>52</sup> The needs of young mothers may require particular attention, such as treatment for anemia during pregnancy and the treatment of STIs.53

<sup>50</sup> WHO Regional Office for Europe. "Bullying and Physical Fights among Adolescents Fact Sheet." Health Behaviour in School-aged Children (HBSC) Survey. March 15, 2016.

<sup>51 &</sup>quot;Adolescent Pregnancy in Eastern Europe and Central Asia." UNFPA, n.d., p. 5.

<sup>53</sup> The State Committee of Statistics of Turkmenistan, and UNICEF. "Turkmenistan MICS Survey 2015-2016 Final Report." The State Committee of Statistics of Turkmenistan and UNICEF, January 2017, p. 100.

Besides family planning counselling and contraceptives, psychosocial services for adolescents, including suicide prevention are essential. These and other youth-friendly health services should address the different health issues experienced by girls vs. boys and provide gender-responsive care. A whole host of services may be required to treat and prevent adolescent nutrition, substance abuse and mental health, sexual and reproductive, and childhood diseases, including HPV immunization.

#### **OUESTIONS**



- **1.** What policy reforms are needed to institutionalize gender-responsive adolescent-friendly health services?
- **2.** Do disparities exist for use of adolescent-friendly health services for girls vs boys? Does data exist on the reasons for their consultation?

# LGBTQ Rights<sup>54</sup>

The sexual orientation of adolescents raises issues of acceptance and tolerance. In the ECA region, there is a tendency to reject non-conformist sexual orientation or gender identity and even parents find it difficult to accept adolescents who identify as LGBTQ. In Montenegro, for example, some parents may even evict a LGBTQ adolescent from home. <sup>55</sup> In addition to abandonment and rejection by family or society, children whose sexual orientation or gender identity that does not conform to social norms are likely to be exposed to discrimination at school, in hospitals, in sporting teams and many other settings. <sup>56</sup> These children may be more vulnerable to increased health risks owing to lack of access to appropriate life-skills education and health services. There is also robust evidence to suggest that LGBT children are more likely to consider or attempt suicide than their peers. <sup>57</sup>

#### **OUESTIONS**



- **1.** Is UNICEF supporting countries to enact laws that provide LGBT couples and their children with the legal recognition of their family ties?
- **2.** Is UNICEF supporting countries to repeal laws that criminalize behavior of homosexuality or the association of LGBT children?
- **3.** Are the rights of LGBT children being taken into consideration in adolescent participation programming?

<sup>54</sup> Lesbian/Gay/Bisexual/Transgender/Questioning

<sup>55</sup> Proteknon, and UNICEF. "Parenting Adolescents: Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania." UNICEF ECARO, August 2018, p. 56.

<sup>&</sup>lt;sup>56</sup> UNICEF. "Eliminating Discrimination Against Children and Parents Based on Sexual Orientation and/or Gender Identity." UNICEF Current Issues 9 (November 2014), p. 1.

<sup>&</sup>lt;sup>57</sup> UNICEF Current Issue (2017), p. 3.

### **Engagement**

# Gender-based discrimination in public participation

As gender discrimination applies across the life cycle, indicators for women's public participation suggest the same barriers for adolescent girls. Women are underrepresented in parliaments across the region, both in the upper and lower houses. The OECD Social Institutions and Gender Index (SIGI) which measures discrimination against women in social institutions across five dimensions, one of which is restricted civil liberties including access to public space and political voice, indicates a medium level of gender inequality overall for Central Asia. 58 59 The following graph depicts the SIGI score for countries in the region (lower scores relate to lower levels of discrimination) for the domain on civil liberties only. Azerbaijan, Kazakhstan, and Turkmenistan appear to have a higher discrimination level for this measure.



OECD, SIGI, 2014.

The situation for young married girls in terms of access to and participation in public life merits particular attention, owing to their general state of isolation and the restrictions imposed by husbands and in-laws on their mobility outside the home.<sup>60</sup> Girls who are not in education, employment or training are also at higher risk of control and exclusion from public life, making it harder for them to reintegrate into the labor market and other spheres of life. In Roma communities where child marriage rates tend to be higher, girls

<sup>58</sup> Burnet Institute, 2018, p. 58.

<sup>&</sup>lt;sup>59</sup> Restricted civil liberties from the SIGI index pertains to "discriminatory laws and practices that restrict women's access to public space, their political voice and their participation in all aspects of public life. This includes a lack of freedom of movement, the inability to vote or run for election, and negative attitudes toward women as public figures or as leaders." OECD. "Social Institutions & Gender Index (SIGI) 2014 Synthesis Report." OECD Development Centre, 2014.

<sup>60</sup> UNICEF. "Georgia Child Marriage Country Profile." UNICEF, n.d.

who marry young experience multiple deprivations for belonging to a socially excluded population group for whom child marriage is also considered a Roma tradition.<sup>61</sup>

#### **OUESTIONS**



- 1. What spaces, platforms, or opportunities are appropriate measures to represent adolescent girls' and adolescent boys' engagement in public life? What are available?
- 2. Are special measures or interventions needed to target and empower the most vulnerable girls, such as young married girls or single mothers?

# Participation platforms and mechanisms available to adolescent girls and boys

Many initiatives by UNICEF, other UN agencies, and through other partnerships (e.g., Generations Unlimited) are underway to offer youth the platforms and mechanisms that will amplify opportunities to connect and to engage in all aspects of their lives. That includes making sure that youth spaces build resilience as well among the most excluded and disadvantaged groups, such as adolescents with disabilities and from ethnic minorities. Digital platforms and social media expand the scope of opportunity for young people to influence change and to network. Youth centers, school councils, youth houses, innovation labs, and online networks are some of the few mechanisms that UNICEF has been supporting.

Online platforms that engage youth include the U-Report (a social messaging tool which encourages community participation), Voices of Youth (an online space for youth bloggers), and UpShift (a platform offering skills development and opportunities for young people to create and lead solutions to social change in their communities).<sup>62</sup> Other programs such as Ponder and Podium designed by UNICEF support the development and empowerment of adolescents, with equal opportunity for girls and boys. All sectors as well provide avenues for youth platforms to access services and claim their rights.

While information is not readily available to assess youth platforms for gender inequalities and barriers, it is clear that the equal participation of girls and boys is key. As well, it will be important for youth to become involved in designing programmes and C4D interventions on social norm changes. A good example of adolescent participation and gender representation is the Montenegro Network of Golden Advisors.

<sup>&</sup>lt;sup>61</sup> See for example evidence for child marriage in Bulgaria. UNICEF. "Bulgaria Child Marriage Country Profile." UNICEF,

<sup>&</sup>lt;sup>62</sup> UNICEF Programme Division. "UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents." UNICEF, October 2018.

The network of 12 adolescents, aged 11 to 17, works closely with the Ombudsman to solicit children's opinions on measures needed to improve education and strengthen their rights to participation, social care, and health care. 63

#### **OUESTIONS**



- 1. What gender issues are being addressed by some of the afore-mentioned platforms supported by UNICEF?
- 2. How are youth platforms being utilized to address and overcome unequal gender dynamics amongst youth?
- 3. How are youth platforms contributing to the reversal of toxic masculinities and harmful gender norms?

### Regional Highlight

#### Moldova

UNICEF supported the Government in the development of the national youth strategy 2020-2025 and model of youth participation. The U-report grew to 74,000 U-reporters, the majority of whom are girls, through weekly polls and was regularly used by central institutions including the Ministries of Justice, Youth and Sports, Social Policy and recently Health to engage young people. An additional 10,000 young people were reached through U-ambassadors' peer-to-peer campaign and a further 360 received legal counseling through uPartners.

Several opinion polls on gender issues were conducted through U-Report, including on perceptions of gender equality by girls and boys, challenges for girls in urban and rural area, and girls' empowerment through sports. Also, U-Report ran a series of polls on menstrual hygiene which helped to identify issues, challenges and perceptions related to the topic. These polls became the only evidence available for designing new interventions and C4D campaigns on adolescent girls' hygiene in WASH section which will be implemented in 2019.

Source: ECARO Best Results on Gender Reporting

<sup>63 &</sup>quot;Report by Golden Advisors to the Protector of Human Rights and Freedoms of Montenegro Regarding Implementation of Recommendations of the UN Committee on the Rights of the Child. Views and Opinions of Children about the Exercise of Their Rights in Montenegro." Podgorica, Montenegro, June 2017.

# Lack of sex (and age-) disaggregated data

Adolescent programming is still relatively un-researched and it is only in the last fifteen that UNICEF began developing frameworks and strategies for adolescent programming.<sup>64</sup> As such, one of the limitations of pursuing Adolescent Participation as a Flagship Result is the lack of sex-disaggregated and age-specific data for analysis on adolescents. A strong focus on data collection and disaggregation will be needed to generate evidence that will inform policies and support well-targeted resource allocation for adolescent programming.<sup>65</sup> The Adolescent Country Tracker (ACT) is a tool that will begin to allow countries to provide a snapshot of adolescent well-being.

#### **OUESTIONS**



- **1.** Has UNICEF ECARO identified the indicators for which sex-disaggregated data are not yet available to measure aspects of Adolescent Participation?
- 2. What areas of work will require special study?

#### **Empowerment**

# Exclusion from employment (NEET) and unequal market opportunities

Adolescents who are not in education, employment or training (NEET) are more vulnerable to becoming socially excluded. Roughly 24 percent of young people in the region are NEET, with rates ranging from 12 percent in Belarus to 42 percent in Tajikistan.<sup>66</sup> Girls are more likely to be NEET in most countries, the largest disparities observed in Tajikistan and Turkey. Boys are more likely to be NEET in Moldova and Bosnia and Herzegovina.<sup>67</sup>

Gender stereotypes in schools drive the process of early segregation that occurs in the choice of fields that girls and boys are encouraged to pursue. The exclusion of girls from Science, Technology, Engineering and Mathematics (STEM) is emblematic of this.

<sup>&</sup>lt;sup>64</sup> See for example: UNICEF Adolescent Development and Participation Unit, Programme Division. "Adolescent Development: Perspectives and Frameworks: A Summary of Adolescent Needs, an Analysis of the Various programme Approaches and General Recommendations for Adolescent Programming." Learning Series No. 1. UNICEF, May 2006.

<sup>&</sup>lt;sup>65</sup> "Regional Knowledge and Leadership Agenda on Adolescents (RKLA10): Strategy Note and Theory of Change (ToC)." UNICEF ECARO, n.d.

<sup>66</sup> UNICEF ECARO. "ECA Headline Regional Result - Participating," n.d.

<sup>67</sup> Ibid.

Moreover, similar educational qualifications between girls and boys do not translate into the same workforce opportunities.<sup>68</sup> Labor force participation for females age 15 and above is lower than for males and consistently below the European Union average. It dropped significantly in the region over the decade before 2012, according to World Bank data.<sup>69</sup> Because women bear the burden of domestic and care work, they have more difficulty balancing work and family. They tend to withdraw from the labor market at early stages to care for children and the household.<sup>70</sup> It is also harder for mothers to re-enter the labor market after parental leave owing to the lack of accessible and good quality early childhood education and care. In Central Asia, women's more limited access to the Internet is another barrier to having the necessary skills for the labor market. Women's economic opportunities are also affected by the occupational segregation and gender stereotypes that exist equally in the job market, as in schools.<sup>71</sup>

#### **OUESTIONS**



- 1. What types of cross-sectoral programming is needed to address the gender disparities in adolescents transitioning from school to the job market? What sort of partnerships with other agencies may be needed for this?
- 2. Are there any good models of mentoring programmes in the region to facilitate girls' access to male-dominated careers and, in general, to the job market?

# Self-worth and self-efficacy

All adolescents need a sense of self-worth or self-efficacy to engage in dialogue and action. It is important to understand the different vulnerabilities of adolescent girls and boys that could lead to low self-esteem and thereby lessen their capacity to protect themselves and to choose in ways that build healthy lifestyles. Adolescents with high levels of self-efficacy have higher levels of engagement and life satisfaction. Bullying can contribute to boy's low self-esteem even after adolescence. Boys also face the stressor of performing as breadwinners. Girls' self-esteem is deeply affected by gender-based violence and gender norms that set lower expectations on them compared to boys and place tighter reins on her mobility and behavior. These differences need to be taken into account in developing programmes to empower youth.

<sup>68</sup> Burnet Institute. "Gender Counts: Sub-Regional Report for Central Asia." Victoria, Australia: Burnet Institute, August 2018, p. 91.

<sup>&</sup>lt;sup>69</sup> UNFPA. "Investing in Young People in Eastern Europe and Central Asia," n.d., p. 5

<sup>&</sup>lt;sup>70</sup> PPMi. "Conceptual and Programmatic Framework on Skills for Adolescents in Europe and Central Asia: Labour Market Trends Analysis," n.d., p. 30.

<sup>&</sup>lt;sup>71</sup> UNDG ECA. "Building More Inclusive, Sustainable and Prosperous Societies in Europe and Central Asia: From Vision to Achievement of the Sustainable Development Goals Call for Action from the Regional UN System." UNDG ECA, 2017, p. 2.

#### **OUESTIONS**



- **1.** How are life skills programmes addressing personal empowerment? And what effects are they having on girls' agency?
- **2.** What programmes exist to support positive masculinity for boys and transform unhealthy or risky behaviors?

# **Regional Highlight**

#### Serbia

UNICEF has increased GBV prevention and response capacities in seven out of the 18 governmental-run asylum, reception and transit centres, as well as services for individuals outside the reception system. The programme included:

- Safe spaces for women and girls offering life-skills to help prevent GBV.
   Between January and June 2018, some 450 women and girls benefited from GBV prevention and response activities;
- GBV Response and Prevention workshops targeting young boys and young men (identified as a core vulnerable group in the country) to increase awareness of GBV services and mitigate risky behaviours including sex work and drug use. A total of 187 men and boys were reached though these sessions in 2018;
- Support to legal counsellors and psychologists, as well as timely referral to medical care, which has benefited some 343 women and girls and 349 men and boys since the beginning of the year.

To ensure sustainability of interventions, UNICEF also supported customized inperson training and coaching sessions for frontline workers and partners, and developed a 5-month mentorship programme for Girls Empowerment Specialists, and produced the Adolescent Girls' Safety and Resilience toolkit.

Source: ECARO Best Results on Gender Reporting

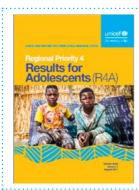
# OTHER GLOBAL AND REGIONAL SECTORAL GUIDANCE

The present guidance developed by ECARO should be consulted as part of an existing panoply of gender guidance developed within recent years. UNICEF's global guidance shown below takes country offices through the phases of programming that includes the option of conducting a Gender Programmatic Review. The ECARO guide was developed to complement and refer to the existing resources available to Country Offices.

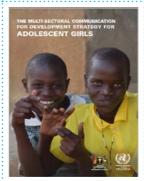


Other UNICEF regions have also been active in developing gender guidance. The ESARO guide below pertains specifically to Adolescent Participation but is part of a series capturing other sectors aligned with UNICEF's Strategic Plan and with the Gender Action Plan (GAP)'s integrated gender results and targeted priorities. The C4D Strategy developed for Uganda is intended for adolescent girls' empowerment.

The ROSA Gender Toolkit is of particular importance as its first two Sections, the first on Gender Concepts and UNICEF's Gender Commitments, the second on Practical Steps for Gender Mainstreaming, also serve as the foundation for the present ECARO guidance. As such, Sections 1 and 2 are recommended reference chapters that explain in greater detail the basis for the framework adopted herewith. Section 3 of the ROSA Toolkit consist of gender analysis questions and programme checklists designed for each of ROSA's Headline Results. The conceptualization of the ROSA guidance has inspired and been' adapted in the formulation of the ECARO guidance.



One of 10 gender briefs developed by UNICEF ESARO on how to address gender equity in programming, using examples and challenges relating to adolescent participation.



A C4D strategy developed for Uganda in the ESA region to address challenges faced by adolescent girls, such as teenage pregnancy, GBV and HIV.



UNICEF ROSA's comprehensive toolkit of 400 pages is a reference document and precedent for the present ECARO gender guide on Flagship Results.

# GENDER RESULTS THAT CAN BE ACHIEVED

Below is an illustration of gender outcomes or results that can be achieved if systematic attention is given to gender disparities.



#### For girls & boys

- Healthier attitudes towards sexuality
- · Healthier, more fulfilling and equitable relations between boys and girls
- · Reduced inter-generational violence and all forms of violence (gender-based, sexual, peer violence, bullying)
- · Lower rates of unplanned pregnancies
- Reduction in HIV/STI infection
- · Reduced rates of child marriage inter-generationally
- · Healthier adolescents (bodily, mentally, emotionally)
- · Shared burden of domestic and care work
- · Both girls and boys stay in school longer
- · Increased health-seeking behavior
- · Boys actively support a gender equality agenda and adopt more gender-equitable behaviors



#### Care and support of all children

- A growing trend towards a more authoritative vs. an authoritarian style of parenting
- Parents/caregivers are more supportive of adolescent participation, especially girls'
- Parents/caregivers are more supportive of the need for adolescents to have access to sexual education and sexual & reproductive health services
- · Homes and schools are more tolerant, gender equitable, less violent spaces
- Parents/caregivers have increased awareness of the harmful effects of patriarchal or traditional norms



#### Adolescent girls and empowerment

- Girls have increased access to health, nutrition, and sexual & reproductive health
- Girls have increased access to life skills development
- Girls have more opportunity at home, in school, and in society to influence norms and policies affecting their lives

# A GENDER-RESPONSIVE THEORY OF CHANGE

Below is an illustrated theory of change for a sub-regional level outcome relating to the flagship result on adolescent participation. It should be noted that the scope of adolescent participation is very broad and for the purpose of illustration, the focus here is on building adolescent skills and competencies and being supported by other key stakeholders.

**Sub-region:** Caucasus and Belarus (for contextualization purposes)

**Programme outcome:** Adolescent girls and boys are supported in responding to life challenges in ways that promote their own wellbeing, inclusive of more genderequitable relationships, especially with their peers



Adolescent girls & boys are supported in responding to life challenges in ways that promote their own wellbeing, inclusive of more gender-equitable relationships, esp. with their peers

- If life skills programming integrate gender equality and equity and address ideals of masculinity and femininity
- If life skill sessions reach the most vulnerable girls and boys
- If life skill sessions are scheduled at times and places that maximize access to girls given barriers of domestic work and mobility
- If boys have safe spaces (such as clubs) to practice other forms of masculinity and campaign against rigid gender norms
- If girls have safe spaces to improve their agency in interpersonal relationships and to campaign with boys against rigid gender norms
- If girls and boys have equal access to digital technology and equal opportunity to be
- If girls have equal opportunity as boys to make their voices heard and to practice leadership skills
- If girls are aware of their rights and responsibilities on issues such as child marriage and other norms affecting their lives and are actively engaged in advocacy, with the support of boys
- If boys and girls are aware of their rights and responsibilities as adolescents and are actively engaged in advocacy
- If girls are equally represented with boys in decision making bodies in various platforms, within their communities and beyond
- If girls and boys are supported in their particular empowerment issues by adult and peer mentors

- If teachers are trained to be cognizant of gender equality and to offer life skills sessions, using participatory methods
- If parents/caregivers support their children's participation in life skills training and their advocacy activities
- If adolescents are supported by the media on their rights, gender equality and equity, and in combatting adverse gender norms

The following illustrate potential gender-responsive output statements for enabling environment, demand, supply, and quality. For two of the output examples, statements are formulated to illustrate the difference between gender-negative, gender-neutral, gender-sensitive, gender-specific and gender-transformative statements.

#### **Enabling Environment Output**

Improved quality of media coverage and reporting on adolescent well being and development inclusive of positive, gender equitable relations

**Explanation:** The media is a very important element in creating an enabling environment for gender equality in adolescent participation. Adolescent girls' challenges such as gender-based violence and child marriage should receive adequate attention. To support girls' empowerment, the media should present more positive role models and champions who have helped adolescent girls on the path to success. It has a role to play as well in reducing violence in society and hegemonic forms of masculinity.

#### **Supply Output**

Health, education social and protection services are available to all adolescents in rural and deprived areas and responsive to the particular needs of girls vs. boys

**Explanation:** As noted earlier on, girls and boys during adolescence experience different health challenges (reproductive, psychosocial, physical and emotional) and in part owing to gender stereotyping and gender norms. It is important for all types of service providers to consider the gender-differentiated risks, adopt a gender-responsive approach to adolescent challenges, disaggregate data by sex, and work cross-sectorally to identify the most appropriate and cost-effective strategies to address the barriers and sources of gender inequality.

# **Demand Output**



#### **Gender-transformative**

Build capacity of public servants in the justice system, social protection, and the police to recognize and adequately address gender-based justice issues affecting adolescents



#### **Gender-specific**

Strengthen access to the justice system for adolescent girls who are victims or at risk of child marriage and /or gender-based violence



#### Gender-sensitive

Strengthen adolescent access to the justice system in a gender-responsive manner to protect adolescent victims and witnesses of violence and crimes



#### Gender-blind

Strengthen adolescent access to the justice system in seeking redress and protection for victims and witnesses of violence and crimes



#### **Gender-negative**

Strengthen the justice system to punish adolescent perpetrators of violence and other crimes

### **Quality Output**



Strengthen the legal and policy framework supporting the equal rights of adolescent girls and boys to participation and the elimination of genderdiscriminatory policies and laws

#### **Gender-specific**

Strengthen the legal and policy framework supporting adolescent rights to participation with a focus on enhancing girls' voice and influence

#### Gender-sensitive

Strengthen the legal and policy framework supporting the equal rights of adolescent girls and boys to participation

#### **Gender-blind**

Strengthen the legal and policy framework supporting the rights of adolescent to participation

#### **Gender-negative**

N/A

# **CHOOSING INDICATORS**

This section provides a menu of indicators that Country Offices are encouraged to use in their programs relating to adolescent girls and boys. The result areas come under the Gender Action Plan Priority 8 on non-gender discriminatory roles, expectations and practices for girls and boys (Goal area 5) and GAP Priority 9 on promoting adolescent girls' nutrition, pregnancy care, and prevention of HIV/AIDS and human papilloma virus (HPV) - (Goal area 1).

| GAP priority 8: Non-gender-discriminatory roles, expectations and practices for girls and boys (Goal area 5) |   |   |  |
|--|---|---|--|
| Demonstrable result  | SP-GAP output<br>statements   | SP-GAP output indicators  |  |
| 8. Non-gender-<br>discriminatory roles,<br>expectations and practices<br>for girls and boys                  | iminatory roles, programmes to overcome ctations and practices gender discriminatory roles, | 5.d.1. Percentage of countries with at-scale programmes addressing gender discriminatory roles and practices among children       |  |
|  |   | 5.d.2. Percentage of countries with at-scale capacity development programmes for front-line workers that focus on gender equality |  |

| Result Area   | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|---------------|-------------|---|---------------|
| Child poverty | 25-01-02    | Child poverty analysis towards policy change (Profiling, mapping and identifying drivers of multi-dimensional and monetary poverty of children, modelling and simulation of policy options) | Yes           |
|               | 25-01-05    | PF4C – improving Budget allocation  | Yes           |
|               | 25-01-06    | PF4C: Improving public expenditure effectiveness / efficiency   | Yes           |
|               | 25-01-08    | PF4C – domestic revenue mobilization and access to finance for key social services  | Yes           |

| Result Area       | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|-------------------|-------------|--|---------------|
| Social protection | 25-02-01    | Cash Transfers: Technical support to government cash transfer system development and expansion (design, targeting, beneficiary selection, grievance mechanism, cash delivery mechanisms like banking, mobiles, community distribution) | Yes           |
|                   | 25-02-02    | Cash Transfers – social protection data<br>management (management information<br>system, social and beneficiary registries,<br>M&E systems)  | Yes           |
|                   | 25-02-03    | Cash Transfers: Delivery of cash transfers through government system (beneficiary identification, grievance mechanisms, cash delivery mechanisms like banking, mobiles, community distribution)  | Yes           |
|                   | 25-02-04    | National social protection strategies:<br>Policies, strategies, legislation and<br>coordination (inter-ministerial, donor)   | Yes           |
|                   | 25-02-05    | Linking cash to other programs, information and services (information on essential family practices, livelihoods, psycho-social support, etc.)   | Yes           |
|                   | 25-02-06    | Social welfare workforce strengthening  – Case management, referral, capacity development  | Yes           |
|                   | 25-02-07    | Support to other social protection programs: Child care and early childhood development  | Yes           |
|                   | 25-02-08    | Support to other social protection programs – Universal health coverage/health insurance   | Yes           |
|                   | 25-02-10    | Support to cash transfer delivery by government system (humanitarian context)  | Yes           |
|                   | 25-02-11    | Delivery of cash transfers or voucher through new and/or parallel system (humanitarian context)  | Yes           |

| Result Area                         | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|-------------------------------------|-------------|--|---------------|
| Adolescent empowerment              | 25-03-01    | System strengthening for adolescent participation and civic engagement (including in humanitarian settings)                        | Yes           |
|                                     | 25-03-02    | Adolescents participating in or leading civic engagement initiatives (including in humanitarian settings)                          | Yes           |
|                                     | 25-03-03    | Children and adolescent participating in the planning, implementation, monitoring and evaluation of UNICEF programmes              | Yes           |
|                                     | 25-03-04    | Development of multi-sectoral legislation/policies/strategies/action plans supporting development and participation of adolescents | Yes           |
| Non-gender-<br>discriminatory roles | 25-04-01    | Behavioural change communication campaigns on gender equitable roles and practices   | Yes           |
|                                     | 25-04-02    | Curriculum and/or training materials on gender roles and practices   | Yes           |
|                                     | 25-04-03    | Capacity Development for frontline workers on gender equality  | Yes           |
|                                     | 25-04-04    | Advocacy material on gender equality laws and policies   | Yes           |
|                                     | 25-04-05    | Gender programming – multisectoral   | Yes           |
|                                     | 25-04-99    | Technical assistance – Gender discriminatory roles and practices   | Yes           |

| Results Areas                     | Standard Output Indicators  | Gender<br>Tag |
|-----------------------------------|---|---------------|
| 25-02 Social<br>protection        | 2.1 Evidence: Existence of data and evidence on how social protection systems are responding to child poverty and deprivations (such as health, education, nutrition etc)   | 3             |
|                                   | 2.7 Data management: Social protection data<br>management system developed (management<br>information systems, social and beneficiary registries,<br>M&E systems)   | 3             |
|                                   | 2.9 Cash transfers: Cash transfer system DESIGNED including expanding coverage and improving inclusion of children (e.g design, targeting, beneficiary selection, cash delivery and overall financing)                            | 3             |
|                                   | 2.10 Cash transfers: Cash transfer system is being effectively IMPLEMENTED including the expanding coverage and improving inclusion of children (e.g. beneficiary identification, grievance mechanisms, cash delivery mechanisms) | 3             |
|                                   | 2.11 Other social protection programmes ARE adapted to address child poverty and deprivation (such as access to affordable child care, health insurance etc)  | 2             |
|                                   | 2.13 Beneficiaries of cash transfers are linked with other programs information and services  | 2             |
| 25-03 Adolescent empowerment      | Existence of a multi-sectoral, adolescent policy/action plan (reflecting sectoral commitments for adolescents)  | 3             |
|                                   | Existence of a strengthened system for adolescent participation   | 3             |
|                                   | Number of adolescent girls and boys who completed a skills development programme  | 3             |
| 25-04 Gender discriminatory roles | Gender – Existence at scale legal frameworks focusing on promoting non-discrimination for girls and boys  | 3             |
| and practices                     | Gender – Existence at scale policy frameworks to promote non-discrimination for girls and boys  | 3             |
|                                   | Gender – Number of frontline child care workers workers trained with materials on gender roles and practices  | 3             |
|                                   | Gender – Number of frontline education workers/<br>teachers trained with materials on gender roles and<br>practices   | 3             |

| Results Areas | Standard Output Indicators  | Gender<br>Tag |
|---------------|---|---------------|
|               | Gender – Number of frontline rontline humanitarian workers trained with materials on gender roles and practices   | 3             |
|               | Gender – Number of frontline social workers or child protection workers trained with materials on gender roles and practices  | 3             |
|               | Gender – Number of frontline WASH sector workers trained with materials on gender roles and practices   | 3             |
|               | Gender – Number of frontline workers (health/<br>nutrition/HIV sectors) trained with materials on gender<br>roles and practices   | 3             |
|               | Gender – Number of individuals in programme area reached with community based IEC campaign with at least 50 percent messaging and interactive discussions on gender equitable roles and practices | 3             |
|               | Gender – Number of individuals in programme area reached with mass media campaign with at least 50 percent messaging and interactive discussions on gender equitable roles and practices          | 3             |
|               | Gender – Number of individuals in programme area reached with social media campaign with at least 50 percent messaging and interactive discussions on gender equitable roles and practices        | 3             |
|               | Gender – Existence at scale advocacy frameworks aimed at influencing laws and policies to promote non-discrimination for girls and boys   | 3             |

GAP priority 9: Promoting adolescent girls' nutrition, pregnancy care, and prevention of HIV/AIDS and human papilloma virus (HPV) – (Goal area 1)

| Demonstrable result   | SP-GAP output<br>statements   | SP-GAP output<br>indicators   |
|---|---|---|
| 9. Promoting adolescent<br>girls' nutrition, pregnancy<br>care, and prevention of<br>HIV/AIDS and human<br>papilloma virus (HPV)  | 1.f: Countries have<br>accelerated the delivery of<br>services for the treatment<br>and care of children living<br>with HIV                                   | 1.f.2. Number of adolescent<br>girls and boys tested for HIV<br>and received the result of<br>the last test (disaggregated<br>by sex) |
| 1.g: Countries have implemented comprehensive HIV prevention interventions at scale 1.i: Countries have developed programmes to deliver gender responsive adolescent health and nutrition | 1.g.1. Number of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV         |   |
|   | 1.i.1. Number of adolescent<br>girls provided with services<br>to prevent anemia and<br>other forms of malnutrition<br>through UNICEF-supported<br>programmes |   |
|   | 1.i.2. Number of countries<br>that have nationally<br>introduced HPV in their<br>immunization schedule  |   |

| Result Area    | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|----------------|-------------|---|---------------|
| Adolescent HIV | 21-06-06    | Provision of ART to adolescents   | No            |
| treatment      | 21-06-08    | Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming | Yes           |
| Adolescent HIV | 21-07-05    | HIV and sexuality education for adolescents   | Yes           |
|                | 21-07-06    | HIV Prevention programs for adolescents including Key population such as condom programming, VMMC and PreP                            | Yes           |
|                | 21-07-12    | HIV testing including self testing and counselling in adolescents   | Yes           |

| Result Area                     | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|---------------------------------|-------------|---|---------------|
| Adolescent health and nutrition | 21-09-02    | Prevention of undernutrition in adolescence (10 to 19 years)  | Yes           |
|                                 | 21-09-04    | Prevention of overweight and obesity in adolescence (10 to 19 years)  | Yes           |
|                                 | 21-09-05    | Data/research/evaluation evidence<br>generation, synthesis, and use for<br>nutrition in middle childhood and<br>adolescence | Yes           |
|                                 | 21-09-06    | Adolescent pregnancy prevention   | Yes           |
|                                 | 21-09-07    | Adolescent development – health and wellbeing   | Yes           |
|                                 | 21-09-08    | Adolescent mental health  | Yes           |
|                                 | 21-09-09    | Health sector interventions to address VAC and/or GBV   | Yes           |
|                                 | 21-09-10    | HPV Immunization and related interventions  | Yes           |
|                                 | 21-09-99    | Technical assistance – Adolescent health and nutrition  | Yes           |

| Results Areas                           | Standard Output Indicators  | Gender<br>Tag |
|---|---|---------------|
| 21-06 Treatment<br>and care of children | Adolescents 15-19 who were tested for HIV and received their results in the past 12 months  | 3             |
| living with HIV                         | Comprehensive behaviour change communication strategy for adolescents and youth including those from key populations available  | 3             |
|   | Existence of age- and sex-disaggregated data on HIV testing and counselling among adolescents 15-19 years and by sex  | 3             |
|   | National HIV Strategic plan/guidance for care and treatment that are aligned to Global targets and the most recent WHO recommendations for care and treatment of children , adolescents and pregnant/breast feeding women | 3             |
|   | Supporting implementation of at least three high-<br>impact gender-responsive adolescent prevention<br>intervention   | 3             |

| Results Areas                            | Standard Output Indicators   | Gender<br>Tag |
|--|--|---------------|
| 21-07 HIV prevention                     | (RAM) Comprehensive behaviour change communica-<br>tion strategy for adolescent girls and boys and youth<br>including those from key populations available | 3             |
|  | Existence of age- and sex-disaggregated data on HIV testing and counselling among adolescents 15-19 years and by sex                                       | 2             |
|  | National policies to implement sexuality or life skills-<br>based HIV education in upper primary schools available   | 2             |
|  | Percentage of districts that are implementing at least 3 high impact adolescent prevention interventions   | 2             |
|  | Supporting implementation of at least three high-impact gender-responsive adolescent prevention intervention   | 3             |
| 21-09 Adolescent<br>health and nutrition | Number of adolescent girls and boys who received IFA supplementation   | 3             |
|  | Number of adolescent girls and boys who received services for the prevention of overweight and obesity   | 3             |
|  | Number of health and nutrition workers trained to provide anemia prevention and adolescent nutrition counselling services as per national standards        | 3             |
|  | Number of schools providing direct nutrition interventions   | 3             |
|  | Number of schools providing health and nutrition education as part of school curriculum  | 3             |

# **USEFUL RESOURCES**

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# SECTION 2 **TECHNICAL GUIDANCE**

This section is dedicated to guiding practitioners in conducting gender integration in programming.



#### **Gender Analysis Questions for an Assessment**

This set of guiding questions for conducting gender analysis can be consulted for an initial assessment, during the situational analysis phase, or at other moments during implementation to verify or validate gender integration. They could also be effective in evaluating results at mid-term or at the end of a programme. It may not always be possible to complete a full gender analysis; practitioners can pick and choose the themes they wish to probe.

For quick and easy reference to the sub-sections of the gender analysis questions, consider any of the following:



#### **Roles and Responsibilities Capturing**

- Roles and practices
- Time, space and mobility
- · Household and community division of labor
- Participation rates in different activities.



#### Access to and Control Over Assets Capturing

- Human assets
- Natural assets
- Social assets
- Physical assets
- Financial assets
- Information



#### **Beliefs and Perceptions Capturing**

- Influence
- Norms
- · Decision making
- Expectations about appropriate behavior



### **Needs and Priorities Capturing**

- Practical and strategic needs
- Priorities
- · Opportunities and capacities
- Vulnerabilities



#### Institutions, Laws and Policies Capturing

- Policy and legal frameworks
- Due process
- Services



#### **Programming Checklist**

This checklist guides you through a series of issues for each of the phases of the programming cycle. While a proportion of the items are generic and repeat for all flagship result checklists to maintain consistency, they have still been adapted and others added to tailor the issues to be considered for this particular flagship result.

The checklist is designed to allow you to consult the phase or sub-section of immediate interest to your work. It is not intended as an exercise to be carried out in its entirety, even though this may be useful at the start of new programme.

See below for easy reference:



#### Step 1: Planning (Assessment and Analysis)

- · Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- · Identify gender issues
- Define interventions that reflect gender inequality gaps and needs



# Step 2: Programme Design

• Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress



#### **Step 3: Implementation**

- Implement planned actions to transform gender equality
- Participation of all groups which are gender aware



#### **Step 4: Monitoring**

• Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage



#### **Step 5: Evaluation**

Evaluate outcomes using gender and human rights indicators

• Showing differentiated gender impacts



### Step 6: Reporting

- Knowledge sharing (results and lessons learned)
- Inform future programmes/projects

# **GENDER ANALYSIS QUESTIONS FOR AN INITIAL ASSESSMENT**

It is recommended, to the extent of its relevance and importance, to pose the set of questions in relation to other socially excluded groups, such as migrant and refugee adolescents, adolescents left behind by parents who migrate, ethnic / linguistic minority groups, the poorest adolescents, and adolescents with disabilities. For some of the questions below, particular mention is made of one or more of these vulnerable groups, based on evidence from the region that the gender barriers are considerably higher for this population group than for others.

# **Roles and Responsibilities (Practices)**



- What are the demographic profiles of the target populations (gender, ethnicity, caste, age, migrant and displaced population status, percentage of female- and childheaded households, household size, marriage age or age of union, percentage of polygamous households)?
- · What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the household (in a day, a week, a season)? Tasks can include the care of children, care of the aged, food production (including the cultivation of domestic food crops and livestock, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, any other unremunerated

- and remunerated work/employment, and performance of social obligations. How do women, men, girls and boys spend their time and how those ratios contribute to gaps?
- · Respectively, for what activities or tasks are adolescent girls and boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Where is the work done (location/ patterns of mobility)? Do women/ girls, especially young married girls, or men/boys have restrictions on their mobility? What restrictions? How do they influence girls' access to services and supportive social networks?
- When is the work done (daily and seasonal patterns)? And how much time it takes? How much time do women/girls and men/boys devote to household chores and care of children/elderly?
- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What

are the reasons for getting married at younger/older ages? Where do differences in average age of marriage lie – within regions of a country or between population groups?



# **Community Activities**

- What types of activities, meetings, associations and groups do adolescent girls and boys engage in? Do they have access to youth organizations that play a role in community life?
- Do adolescent girls vs. boys have volunteer activities within the community which they are expected to perform? Are there community obligations that keep girls or boys out-of-school?

- In what types of leadership roles and decision-making positions are adolescent girls and boys to be found? Are there institutionalized vouth parliaments?
- Spatially, within the community and beyond, where are girls' and boys' activities located? Are they segregated and/or collective?
- Do adolescent girls and boys have spaces to play sports and if so, are they segregated or co-ed?
- What spaces or activities are available to adolescent girls and boys from within the school system (extracurricular, life skills, sports, volunteer, summer camps) that are opportunities to connect and engage?
- Do community members and parents support the engagement of girls and of boys in community activities?

#### **Access to and Control over Assets**



# Household **Resources**

- What kind of resources do adolescent. girls vs boys have access to, respectively? How does access to and control over assets and resources differ between them?
  - Financial (capital, credit, cash, income, government subsidies)
  - Natural (land, labor, forest, fuel, water)
  - Human (health, education, knowledge, skills)
  - · Social and political (networks, leadership, contacts, citizenship, etc.)
  - Physical (transport, communications, mass media, housing, tools)
- · What are the constraints and implications arising out of lack of control over or access to productive resources for those who lack such control and access?
- Are girls or boys denied benefits because of assumptions about competing household obligations or a lack of autonomy? (Girls are expected to tolerate limitations on food, sleep, comforts?)
- What tenure rights do women/girls vs. men/boys have? Inheritance, land, property, etc. What do women and men do with what they own to improve the wellbeing and development of adolescent girls

- and boys? What rights do widows, single women, or female headed of households have in this regard?
- Do older adolescent girls and boys earn money? How are these activities different for girls vs. boys? Who controls the cash and other benefits?
- What kinds of assets do adolescent girls and boys have access to:
  - Schooling
  - Vocational training
  - Mentors
  - Employment
  - · Peer groups
  - Money for school supplies and uniforms
- How do adolescent girls and boys gain access to financial assets for food, shelter, school materials and clothing?
- Do women and men have equal access to financial and banking services, as well as hold bank accounts?
- Until what age do girls and boys respectively stay in school? What is the average year of completion for girls and boys?
- What kind of social networks do. adolescent girls/boys have? What is the average number of people in their respective networks? To what extent are girls vs. boys exposed to cyberbullying?
- Do women/girls and men/boys have equal access to mobile phones, mass media, the use of apps, and the Internet?

# **Community**

- Within their respective localities, what community resources are available to girls and boys or girls vs. boys - schools, sports, play spaces, community center, social spaces, educational and skill building opportunities?
- · What specific youth programs or activities are offered by the community for citizen engagement, participation in dialogue and in community affairs, connecting with other youth, etc.? And what is the participation of girls vs. boys? What are the barriers that may affect girls vs. boys?
- What programs and activities are offered specifically for out-of-school girls and out-of-school boys?
- What employment services or programs are offered by the locality to older adolescent girls and boys? Do girls and boys participate equally?
- Are there outreach centres for vulnerable youth that are easily accessible by both adolescent girls and boys?



# **Digital Resources**

• Do adolescent girls and boys have access to a hotline for the prevention of violence and harm to adolescents? Who are the users and for what purpose?

- What types of information are made available to adolescent girls and boys digitally (e.g., health education) for the benefit of their health and welfare and what is the frequency of use?
- Are digital resources preferred by adolescent girls vs. boys for accessing information important to their wellbeing and development? For locating services?



# **Adolescent Access** to Social and Health

- Do married or unmarried adolescent girls face any barriers in accessing reproductive health services? Who do they turn to for help/support during pregnancy and birth delivery?
- · What are the policy barriers for adolescent girls and boys to access sexual & reproductive health services, such as family planning and HIV counseling?
- · What services are available to adolescent boys especially for the excess burden of suicide, injury and health risk behaviors?
- What services are available to adolescent girls who are victims or potentially at risk of gender-based or sexual violence? Does a gender bias affect the quality of services (social protection, health, police, judicial) and the demand?
- Do gender disparities exist in adolescent knowledge of their rights relating to basic services, protection and the justice system?

# **Beliefs and Perceptions (Norms)**



- What is appropriate behavior for a woman/girl or a man/boy? What is an ideal woman/girl and man/boy? How do these beliefs influence the health. behaviors of adolescents?
- What are the social beliefs and perceptions that condition women's/ girls' and men's/boys' expectations and aspirations? How does this affect their chances for education, decisions relating to marriage and age of marriage, and employment?
- Who should make decisions relating to adolescent girls and boys? What decisions do women and men make in the household? Which kinds of decisions are made jointly? What role do elderly women play in decision making?
- · What are parenting attitudes, behaviors and practices with regard to adolescents and how are they different for girls vs. boys? What adolescent behaviors (girls vs. boys) do parents consider punishable and what forms of punishment by gender? What is the prevalence of violent behavior towards girls vs. boys in the household?

- What are beliefs about:
  - Age of marriage for women/girls and men/boys?
  - Education for girls / boys?
  - Having children outside of marriage? And the consequences for mothers, fathers and the children?
  - Sexual education?
- · How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect adolescent girls and boys? What are the ways in which communities discriminate against them?
- Which community norms and beliefs could influence girls' participation in programme activities? These norms and beliefs may include the following:
  - Cultural exclusion from productive activities
  - Heavy participation in reproductive activities, such as childbearing and child care
  - Exclusion from (active) participation in public events, meetings, or decision making
  - · Lack of mobility because of cultural norms
  - Exclusion from certain types of work / profession
- Are messages, illustrations and other media presentations free of gender stereotypes and biases?



- Are information, education and communication (IEC) materials equally accessible to adolescent girls and boys?
- Do textbooks or other educational media promote gender stereotypes (e.g. images of women holding babies and men holding agricultural implements)? How are women and girls portrayed in the textbooks and media? How are men and boys portrayed?
- How might girls and boys interpret new experiences or information differently based on their gender identities, level of education and different types of knowledge that they may have? Is there equal concern for disseminating education information to girls and boys?
- Are girls and boys involved in the design, planning and implementation of the communication strategy or social media campaign?
- Do campaigns, materials and messages intended for adolescent wellbeing aim to promote equitable gender norms, roles and relationships?

# **Needs and Priorities**



- What are the needs (both practical and strategic needs) of adolescent girls and boys and their priorities during this stage of the lifecycle?
- What information and knowledge do they possess about their rights as adolescent girls and boys, including access to justice? Are there gender disparities in knowledge of rights?
- What are girls' and boys' different skills and capabilities? How can they be used in the programme in ways that break down gender stereotypes?
- What are the differential stressors for adolescent girls and boys, at an individual level or as a result of their environment (e.g., conflict) that may produce negative or even pathological, neurological outcomes?
- How much 'quality time' do adolescent girls and boys spend with their parents or at least one parent on a daily basis? Does it meet their needs for connectedness and support?
- What style of parenting is prevalent (authoritarian, authoritative, permissive)? What are the consequences of adolescent growth and development by gender?

- What are sources of support for girls vs. boys in response to the vulnerabilities and stressors they are experiencing during adolescence?
- What are girls and boys main coping mechanisms to difficulties in the home, the school or their environment in general? Do they place girls or boys at risk of harm?
- What forms of community or social support is available to girls and boys? What kinds of services exist specifically for youth and in response to gender-specific needs?
- Given the capacities and vulnerabilities of girls and boys, what would they like to change and how would they prioritize them? How can change be brought about so that they are empowered and change leads to equality?
- · How are girls' and boys' differential needs taken into consideration in local, district and national planning. programme design and budget development?
- Are measures taken to address the differential constraints for girls and boys in accessing services, e.g., opening hours, cost?
- What services or programmes are available to support transformation of negative masculinities and ideals of femininity amongst adolescents and the practice of positive behaviors?



# **Schools**

- To what extent are teachers. pedagogues and school personnel trained or equipped to recognize signs of girls or boys as victims of violence or at risk of self-harm?
- How supportive is the school environment (teachers, the classroom, the curriculum) in promoting a tolerant, peaceful, equitable space for both girls and boys?
- How well do teachers promote achievement of both girls and boys and support their self-esteem?

- How effective are duty bearers in the school system at detecting the risk of and preventing child marriage?
- · How effectively do teachers and education personnel encourage opportunities for boys and girls especially to express their opinions, to freely assemble and to associate?
- Do schools provide access to life skills training that includes a focus on transforming gender relations and personal empowerment?

#### Institutions, Laws and Policies



# **Legal System**

- Is there gender bias in the laws and policies affecting adolescent rights?
- Do women and men, girls and boys have equal status under all national, regional and local laws?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters) and are they able to realize them?
- At what age do girls and boys attain adult legal status? What does this n ear for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- What is the legal age of marriage for girls and boys?
- Do adolescents require parental consent for access to health services?

- Are adolescent girls and boys equal participants in drafting adolescentfriendly legal frameworks and policies?
- To what extent are girls vs. boys represented in local and national governance bodies?
- How effective and appropriate is the judicial system in addressing adolescent boys in conflict with the law and violence perpetrated against adolescent girls?
- Does the country have national and international legal normative framework adopted that protects women and girls, as well as boys and men from GBV, VAWG and DV? How well is the set of normative documents developed to ensure the due implementation of prevention, protection and punishment of victims of violence?

# PROGRAMMING CHECKLIST

# STEP 1

#### PI ANNING



NO. **OUESTIONS** DONE

#### I. ASSESSMENT

What is the context-specific situation of gender equality to the Flagship Result? Use Gender Analysis Questions in the last Section as guiding guestions to conduct a gender analysis.

#### **DATA COLLECTION**

Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the barriers, bottlenecks and opportunities related to the objectives of the programme in the target area by using:

- International gender inequality indices such as the UNDP's Gender Inequality Index (GII), the World Economic Forum's Global Gender Gap Index and the OECD's Social Institutions and Gender Index (SIGI)
- National surveys such as Multiple Indicator Cluster Surveys (MICS), Demographic and Heath Surveys (DHS) and the Integrated Living Conditions Survey (ILCS) for demographic information on households as background to adolescents
- Reports and evaluation of any out-of-school children programmes in the region
- UNICEF, UNESCO, ILO and other United Nations database
- The latest country situation analysis for information on:

1.1

- the status of women and girls (e.g. sex-disaggregated school enrolment, workforce and political representation, health status and gender-based violence (GBV)); and
- the roles and policies of ministries and other institutions in addressing gender equality in adolescent participation
- UNICEF Gender Programmatic Review (if one has been conducted), especially if programming on adolescents was reviewed
- Gender equality goals and targets in the Country Programme Document (CPD)
- Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender issues among adolescent or youth programming
- · Documents and assessments related to any existing genderresponsive programmes for youth in the country or region
- Any evaluation of adolescent programmes, second chance education programmes, or other sectoral programmes targeting youth that included an assessment of equity including gender dimensions

O

| NO. | QUESTIONS   | DONE |
|-----|---|------|
| 1.2 | Identify if there is national level data disaggregated by sex, age, ethnicity, location, wealth quintile, religion, etc. on adolescent participation / empowerment indicators (see for example the Adolescent Country Tracker). Collaborate with government and other partners to identify gaps in sex-disaggregated data within national data and management information systems that track progress for adolescents and inform policy formulation and service delivery. | O    |
| 1.3 | Analyze key national law and policy documents, assess which are most critical to adolescent development and participation, and assess if they address gender equality and gender-specific risks, vulnerabilities and capacity gaps.   | O    |
| 1.4 | Identify key areas of deprivation for adolescents in the areas of health, wellbeing, protection, education, participation and other fields related to the national context.   | •    |
| 1.5 | To the extent possible, identify data gaps related to specific disadvantages faced by girls and boys of the most marginalized communities/groups and individuals in vulnerable situations – teenage mothers, single-parents, girls or boys living with disabilities, girls or boys living with HIV, those affected by conflict, those from extremely poor families, those out-of-school.  | 0    |
| 1.6 | Identify gaps in data and specifically in sex- and age-disaggregated data across sectors. Identify surveys or KAP studies required to substantiate any gender disparities found and to construct a more holistic picture of gender-differentiated risks and vulnerabilities among adolescents. Utilize data frameworks such as the Adolescent Country Tracker or other regional framework of actual data to fill the gaps.  | •    |
| 1.7 | Work with youth organizations and different youth platforms to provide insights into their participation in relation to different sectoral interventions, as well as to understand what approaches and solutions other agencies are adopting to enhance gender equality in adolescent programming and redress gender disparities. Ensure there are no obstacles to the participation of adolescent girls in particular.   | •    |
| 1.8 | For any additional studies or surveys to be conducted, ensure that the team includes expertise on gender analysis and a mix of men and women. Apply a participatory approach with adolescent girls and boys.  | •    |

| NO. | OUESTIONS | DONE |
|-----|-----------|------|
| NO. | QUESTIONS | DONE |

#### II. Analysis

What barriers and opportunities prevent or enable gender-equal rights for girls and boys in relation to participation? Analyze the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible,

| include a gender specialist/focal point in the analysis. |  |   |  |  |
|--|--|---|--|--|
| ENABLING ENVIRONMENT                                     |  |   |  |  |
| 1.9  | Conduct secondary statistical analysis of data to generate disaggregated data by gender, age group (10-14, 15-19) and all other available stratifiers.   | • |  |  |
| 1.10   | Analyze what are the root causes of deprivations faced by adolescent girls and boys in designing a programme in adolescent participation. Consider the social norms and forms of discrimination based on gender but also poverty, ethnicity, geographic location, disability, religion or fragile/crisis conditions.                                       | 0 |  |  |
| 1.11   | Engage adolescent girls and boys in causality analysis, prioritization and results setting. Determine how girls and boys are affected differently by challenges in adolescence.  | 0 |  |  |
| 1.12   | Identify which practical and strategic needs (the latter relating to the rights to services and participation) are different for girls and boys and which needs/rights are not being met.  | • |  |  |
| 1.13   | Make sure to include in the analysis any legal frameworks or policies affecting adolescent rights and needs, using a gender lens.  | 0 |  |  |
| 1.14   | Analyze if there are systemic funding constraints for national entities that limit the capacity to provide education, social protection, health, employment, justice and forms of multisectoral programming for the benefit of adolescent girls and boys equally. Analyze national capacities to respond to gender inequalities in these areas of support. | 0 |  |  |
| 1.15   | Analyze if promising approaches working with adolescent girls and/or boys exist that can be scaled-up or investigated further.   | 0 |  |  |
| SUPPLY   |  |   |  |  |
| 1.16   | Analyze the gaps in the infrastructure for adolescent participation – the various platforms for civic engagement and the national level coordination system – from a gender perspective to ensure all gender inequalities or hidden biases are addressed.  | 0 |  |  |
| 1.17   | Analyze gaps in the action planning around adolescent development and participation against the identified needs and rights of girls and boys respectively.  | • |  |  |

| NO.     | QUESTIONS  | DONE |  |
|---------|--|------|--|
| 1.18    | Analyze the availability, adequacy, and appropriateness of services – education, social protection, health, employment, justice and forms of multi-sectoral programming – for responding to the needs of girls vs. boys and preventing a rise in the negative risk-taking behaviors of adolescents (e.g., suicide, teenage pregnancy).                               | 0    |  |
| 1.19    | Identify the resource gaps in adolescent programming that could affect girls or boys disproportionately and specific for which population groups or regions they exist.  | 0    |  |
| DEMAND  |  |      |  |
| 1.20    | Analyze the factors that impede demand for access to services, resources or opportunities that disproportionately affect one gender or the other (e.g., justice for victims of violence).  | 0    |  |
| 1.21    | Identify the barriers that underlie the limited demand for services, such as socio-cultural norms; financial reasons; lack of confidentiality; quality or mistrust of services; fear of stigma, punishment or impunity, that affect girls vs. boys' demand.  | 0    |  |
| 1.22    | Identify the gender barriers to accessing digital and non-digital platforms for youth engagement.  | 0    |  |
| QUALITY |  |      |  |
| 1.23    | Analyze the quality of education, health, child and social protection services for adolescent girls and boys in terms of the approach and focus of professionals vis-à-vis adolescents – seeing them as problems instead of assets, gender bias or other types of discriminatory attitudes, e.g., towards LGBTI, children with disabilities, ethnic minorities, etc. | 0    |  |
| 1.24    | Assess the adequacy and quality of sector skills, training, and service delivery to provide services to an adolescent population free of gender and other forms of judgmental or discriminatory behaviour.   | •    |  |
| 1.25    | Assess the availability of national quality standards, norms, methodologies and tools for provision of services for adolescents in the health, education, social and child protection sectors; and their mainstreaming of gender issues. Look for the results of international assessments in case countries take part in them.                                      | •    |  |

# STEP 2

# **PROGRAMME DESIGN**



| NO.                          | QUESTIONS   | DONE |  |  |
|------------------------------|---|------|--|--|
| PRIORITISED ISSUES AND AREAS |   |      |  |  |
| 2.1                          | Make sure that the identified gender issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) for adolescent girls and boys and UNICEF's Strategic Plan 2018-2021 goals.  | 0    |  |  |
| 2.2                          | Identify entry points in UNICEF programming cross-sectorally and within sectors to address the gender-based practical needs and strategic needs of adolescents identified in the analysis phase. Ask the following questions:  • What is UNICEF's mandate within the focus area of adolescent participation?  • What needs can be met by other UNICEF focus areas?  • What needs are being met by joint efforts under UNDAF?  Include a gender specialist/Focal Point as well as adolescent girls and boys in the programme design and objective setting. | O    |  |  |
| 2.3                          | Identify what gender responsive results that the programme aims to achieve and how to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do.   | •    |  |  |
| 2.4                          | Ensure that the logical framework addresses the underlying reasons for gender inequalities in all areas of the programme – connection, engagement and empowerment. These needs and priorities should align with the findings from the gender analysis. See separate Section 2. Practical Steps for Gender Mainstreaming (page 67-68) of this toolkit for more information on how to develop a gender-responsive logical framework.  | O    |  |  |
| 2.5                          | Identify why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.   | •    |  |  |
| 2.6                          | Identify and harmonize the programme through collaboration with existing national programmes to address gender equality in adolescent development and wellbeing.  | •    |  |  |
| 2.7                          | Ensure national legislation and policy frameworks focused on adolescent rights and needs consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.   | •    |  |  |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.8  | Invest in strategies that advance girls' empowerment and reduce gender-based and all forms of violence (including self-harm) faced by adolescent girls and boys.  | O    |
| 2.9  | Consider the main recommendations for the country made by CEDAW, CRC and UPR that pertain to adolescent girls, such as eliminating child marriage.  | O    |
|      | GOALS   |      |
| 2.10 | Identify the major objectives to be achieved in terms of gender-<br>responsive strategies to realize the equal right of adolescent girls and<br>boys to participation in the fullest sense.   | O    |
| 2.11 | Ensure that the goal includes a broader and longer-term commitment for structural change in gender inequality at the level of the institutions, attitudes or other factors that hamper transformative change from one generation to the next. | 0    |
| 2.12 | Include the perspectives of adolescent girls and boys in determining the programme objectives.  | O    |
|      | OUTCOMES  |      |
| 2.13 | Emphasize a human rights-based, gender-transformative and inclusive approach to adolescent participation in all its dimensions. Consider benefits and specific needs that will empower the most disadvantaged in accessing their rights.      | 0    |
| 2.14 | Clarify the benefits to accrue specifically to adolescent girls and boys and, indirectly, to men and women, for each result.  | O    |
|      | OUTPUTS   |      |
| 2.15 | Ensure outputs are planned with the relevance and benefits in mind for adolescent girls and boys to achieve outcomes in the programme.  | O    |
| 2.16 | Formulate outputs to reflect the gender-responsive approach to programme interventions.   | O    |
|      | ACTIVITIES  |      |
| 2.17 | Design interventions to promote gender equitable relations among adolescents in all activities and to mitigate gender-based risks (of exclusion, harm, or reinforcing negative gender norms).   | O    |
| 2.18 | Apply a participatory and inclusive approach that increases the opportunities for girls and boys equally to participate and make decisions that are based on their needs and priorities.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.19 | Plan the participation of adolescents in ways that take account of gender barriers, e.g., unpaid domestic and care work among girls, and include activities that address fundamental barriers to gender equality.  | •    |
| 2.20 | Design interventions to be equally acceptable to girls and boys in terms of the technology, access, quality, spaces for engaging, timing, etc. as well as when to have gender-segregated and gender-mixed activities.  | 0    |
| 2.21 | Include a focus on gender socialization for adolescents. This may be incorporated as part of life skills training for girls and boys, but with a particular emphasis on adolescent boys adopting positive masculinities and role models. Similarly, ensure boys' engagement in promoting gender equality issues, e.g., combating GBV and child marriage. | 0    |
| 2.22 | Where necessary, design activities that target adolescent girls' needs and priorities, such as improving employment opportunities when transitioning from school to work.  | O    |
| 2.23 | Promote a transformation of gender stereotypes and adverse gender norms among key stakeholders – parents/caregivers, teachers, health care providers, social workers through various entry points – that directly affect the wellbeing of adolescent girls and boys.   | 0    |
| 2.24 | C4D initiatives to support adolescent programming should aim, as much as possible, to contribute to changes in negative social norms and build awareness around gender differences in adolescent development and participation. Campaigns should therefore target a wide array of stakeholders.  | 0    |
|      | TARGET BENEFICIARIES   |      |
| 2.25 | Ensure the active participation of adolescent girls and boys in all stages of the programme, giving consideration to gender barriers.  | O    |
| 2.26 | Ensure that adolescent girls and boys benefit equally from the programme, except where interventions are specifically targeted at girls or at boys.  | O    |
| 2.27 | When engaging with adult stakeholders, such as parents and teachers, ensure inclusion of both men and women. Ensure men's engagement in promoting gender equality in relation to parenting and to adolescent participation.  | O    |
| 2.28 | Ensure also that the role of the media in relation to adolescents is gender-responsive and does not reinforce toxic masculinities or patriarchal attitudes.  | 0    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
|      | IMPLEMENTATION   |      |
| 2.29 | Identify who will implement the intervention and if the implementing partners are gender competent. Identify if partners have a gender equality policy or strategy to implement the programme and been trained on gender equality issues.                      | O    |
| 2.30 | Involve gender experts/focal persons, youth organizations and gender machineries in programme implementation.  | O    |
| 2.31 | Confirm if the required gender and sectoral capacity exists within UNICEF and if there are resources available to fill expertise gaps.   | O    |
| 2.32 | Consider the needs for additional gender-related capacity building or engagement of outside gender experts. Ensure experts are skilled in applying an intersectional approach and a strategy for men and boys' engagement.                                     | O    |
| 2.33 | As far as possible, employ an equal number of women and men in the programme. Ensure an equal distribution between women and men of significant and appropriate roles.   | O    |
| 2.34 | Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age and other demographic variables (location, religion, etc.). Conduct a review if necessary.                                      | 0    |
|      | MONITORING AND EVALUATION (M&E)  |      |
| 2.35 | Devise a gender-responsive monitoring and evaluation (M&E) framework with a gender perspective to track outcomes on the programme with specific strategies to collect M&E data disaggregated by sex, age, ethnicity, wealth quintile, religion, location, etc. | 0    |
| 2.36 | Ensure monitoring and evaluation (M&E) examines both the content and process from a gender sensitive point of view.  | O    |
| 2.37 | Ensure that any data collection contributing to monitoring activities is conducted in locations where adolescent girls feel safe and free to speak. This can also pertain to adolescent boys interviewed on sensitive issues.                                  | 0    |
| 2.38 | Build in mechanisms of monitoring and evaluation, including gender auditing and the examination of gender-biased practices within the field of adolescent participation.   | 0    |
| 2.39 | Conduct evaluations to include an examination of impacts in reducing gender inequalities in the lives of girls and boys and whether the programme has contributed to the empowerment of boys and girls, especially.  | 0    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
|      | INDICATORS  |      |
| 2.40 | Establish clear benchmarks and sex-disaggregated indicators and ensure these are reflected in the M&E plans of the programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound). Refer to the Adolescent Country Tracking indicators as a starting point.         | O    |
| 2.41 | Ensure that gender-sensitive indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines. Refer to the GAP indicators in the relevant section of this guidance.   | O    |
| 2.42 | Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.   | O    |
| 2.43 | Ensure that indicators capture qualitative as well as quantitative changes in the lives of girls and boys in various aspects of adolescent development and participation.   | C    |
|      | PARTNERSHIP   |      |
| 2.44 | Seek possibilities to collaborate with other UN agencies who are also working with adolescents from a gendered perspective.   | O    |
| 2.45 | Conduct a stakeholder analysis to understand who has the capacity to influence the programme and the extent to which they represent the interests of both women and men, girls and boys.  | O    |
| 2.46 | Verify if potential partner organizations working with youth have a gender policy and are competent in applying a gender-responsive approach.   | O    |
| 2.47 | As much of the work with adolescents will be intersectoral, identify the need for more consistent gender mainstreaming and ensure that gender focal points or advisers are also engaged to maximize the results.  | O    |
| 2.48 | In view of the lifecycle approach and the fact that gender discrimination for girls extends over the whole lifecycle, engage with other partners who can provide synergistic results through their interventions, such as those working in vocational training or the transition from school to the job market. | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
|      | RISKS AND ASSUMPTIONS  |      |
| 2.49 | Analyze if stereotypes or structural barriers are preventing the full and equal participation of adolescent girls and boys in the programme and think how the programme deals with stereotypes and barriers.   | 0    |
| 2.50 | Since negative gender norms and hegemonic masculinities have a considerable effect on the potential outcomes for adolescent participation, consider the risk that restrictive or discriminatory practices persist and how to overcome them.                          | 0    |
| 2.51 | Identify the possible backlash to girls, and any risk factors that may be associated with programme implementation (e.g. teenage girls gaining access to contraceptives, girls [or boys] reporting incidents of violence) and think of strategies to deal with them. | 0    |
| 2.52 | Assess any other gender-related bottlenecks that may reduce the effectiveness of the programme design.   | O    |
|      | RESOURCES  |      |
| 2.53 | Allocate sufficient human, financial and material resources for gender-responsive activities related to the programme.   | O    |
| 2.54 | Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding and implementation at scale.  | O    |
| 2.55 | Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.            | 0    |
|      | COMMUNICATION AND KNOWLEDGE MANAGEMENT (See also earlier section on Activities.)   |      |
| 2.56 | Ensure that women, men, girls and boys participate in the programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.   | 0    |
| 2.57 | Mobilize communities through outreach and awareness programmes to address gender barriers to adolescent participation.   | O    |
| 2.58 | Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in programme design.  | •    |
| 2.59 | Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in the programme.   | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.60 | Develop communication campaigns that are aimed at addressing harmful social norms that are related to adolescent girls and boys.   | O    |
| 2.61 | Consider the strategic use of knowledge management platforms targeting adolescent girls and boys and ICT innovations to reach at scale.  | 0    |
|      | INNOVATION   |      |
| 2.62 | Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach most hard-to-reach women and girls such as those with disability, from minority populations, without parental care and in emergency context. | •    |
| 2.63 | Explore the use of digital innovations with input from adolescent girls and boys on the design of the innovation for the purpose of addressing their needs and priorities.   | 0    |
| 2.64 | Seek entry points for embedding positive gender socialization in programming, e.g., with adolescents, parents, teachers and other duty bearers.  | 0    |

#### **IMPLEMENTATION**



| NO.  | QUESTIONS   | DONE     |
|------|---|----------|
| 3.1  | Identify and implement required activities to achieve the proposed gender outputs and outcomes as outline in the programme.   | O        |
| 3.2  | Review the results of programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.                       | O        |
| 3.3  | Identify any changes observed to empower girls and boys through awareness raising and improved knowledge.   | O        |
| 3.4  | Create opportunities for adolescent girls and boys to speak freely without judgment and develop programmes that support their empowerment.  | O        |
| 3.5  | Update any materials used for youth promotion to reflect consideration of gender equality.  | <b>O</b> |
| 3.6  | Conduct evidence-based advocacy to ensure national legislation and policy frameworks on adolescent participation consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.                               | O        |
| 3.7  | Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for the programme. Ensure that commitments and actions are documented, followed and reported in a timely manner. | 0        |
| 3.8  | Ensure gender inequalities are regularly reviewed and addressed for programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.   | O        |
| 3.9  | Make sure that working partners have adequate skills to integrate a gender equality perspective into the programme and with a minimum gender bias.  | O        |
| 3.10 | Define and mobilize collaborative efforts and strategies with all partner organizations.  | <b>O</b> |
| 3.11 | Assess whether there is equitable participation (in all activities including decision making) of girls and boys in the implementation.  | O        |
| 3.12 | Ensure that data and data analysis portray the situation of the most marginalized.  | O        |
| 3.13 | Conduct a regular programme review to assess whether the programme is making full use of girls' and boys' capacities.   | O        |

| 3.14 | If mitigation measures for gender-based risks including violence were included in programme design, ensure that they are being implemented.   | O |
|------|---|---|
| 3.15 | Assess if any gender issues have arisen that were not identified at the programme design stage. Consider how they can be addressed.   | O |
| 3.16 | Establish information sharing mechanisms with/between partner organizations and affected communities focusing on gender inequalities in adolescent participation. Ensure actors across all sectors – health, child protection, C4D, adolescent empowerment, education, social protection etc. share best practices in addressing gender inequalities. | 0 |

#### **MONITORING**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 4.1  | Make sure a set of interventions designed in the programme is being implemented as planned, using the monitoring and evaluation (M&E) plan.   | •    |
| 4.2  | Ensure activities are leading to expected results. Assess the cost-effectiveness of interventions.  | O    |
| 4.3  | Measure and monitor the separate effects on girls and boys and the changes in their involvement and their access to and control of benefits.  | •    |
| 4.4  | Ensure that all data collected is disaggregated by sex, age, religion, wealth quintile, location, ethnicity, disability status, etc.  | O    |
| 4.5  | Ensure that voices of participation of national and sub-national institutions, partner agencies and affected communities and their equitable participation are involved in the collection of information.                     | •    |
| 4.6  | Collect and analyze data to identify any gender gaps in access, participation or benefit for beneficiary groups in the programme. Undertake observation/spot checks to identify early potential problems or negative effects. | 0    |
| 4.7  | If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.  | •    |
| 4.8  | Address the specific gender-based causes that contribute to disparities between girls and boys in participation, engagement, and access to services.  | O    |
| 4.9  | Undertake corrective actions as needed to adjust interventions based on monitoring results to address gender inequalities.  | •    |
| 4.10 | Analyze if any adjustments need to be made to scale-up the programme components that are responsive to change or curtail those that appear to raise the risks of reinforcing negative trends in gender inequalities.          | •    |

#### **EVALUATION**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 5.1  | Assess if all the proposed activities have been carried out in the manner outlined in the programme's implementation plan and are leading to expected results. Identify what were the key contributing factors results in these accomplishments.  | •    |
| 5.2  | Identify to what extent the intervention is responsible for the measured or observed changes and if they can be scaled up. Assess if interventions were affordable and cost-effective.  | O    |
| 5.3  | Assess if results were delivered to all key stakeholders (including women/men, girls/boys) who were affected by gender inequalities in adolescent programming.  | O    |
| 5.4  | Evaluate the extent to which girls and boys from all demographic groups have improved their civic engagement and empowerment as well as other expected outcomes. Record what data sources and methodologies are used to ascertain that.   | •    |
| 5.5  | Evaluate the extent to which gender relations and inequalities have been transformed through the programme.   | O    |
| 5.6  | Analyze how interventions contributed to positive change in knowledge, awareness, participation, decision making and behaviors among girls and boys in ways that reduced their risks and improved their opportunities for growth and wellbeing.   | 0    |
| 5.7  | Involve adolescent girls and boys as well as parents and other community members in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyze the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure results on the programme are sustained beyond the programme duration. | •    |
| 5.8  | Use a combination of female and male evaluators where possible.   | O    |
| 5.9  | Assess what difference the programme made for the indirect beneficiaries.   | O    |
| 5.10 | Analyze what challenges have been encountered along the way in working cross-sectorally and multisectorally, and in terms of partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, and community resistance to social norm change.   | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 5.11 | Identify if there are any examples of unintended gender-related outcomes.   | O    |
| 5.12 | Consider what potential workarounds or solutions are planned or being planned to address the further challenges.  | O    |
| 5.13 | Collect and analyze disaggregated data (sex and age) on an annual basis to understand the trends in the situation for adolescent girls and boys and gender disparities in adolescent participation. | O    |
| 5.14 | Ensure the evaluation includes concrete recommendations for follow-up initiatives. Identify what evidence of progress is available on country reduction of gender gaps in adolescent programming.   | 0    |
| 5.15 | Since adolescent participation is a fairly recent programmatic area, identify lessons learned in tackling gender inequalities and highlight any innovations or models that could be scaled up.      | O    |

#### **REPORTING**



| NO. | QUESTIONS  | DONE |
|-----|--|------|
| 6.1 | Document gender gaps, barriers or opportunities to which UNICEF was unable to respond to as well as those that were successfully addressed in the programme. Identify any indicators for which sexdisaggregated data are not available or which were not measurable.   | 0    |
| 6.2 | Ensure all data reported on is disaggregated by sex, age, wealth quintile, location, religion, ethnicity, disability status, etc.  | O    |
| 6.3 | Consider how and to whom to communicate the results of the initiatives.  | O    |
| 6.4 | Disseminate the gender-related results in adolescent programming to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners. | O    |
| 6.5 | Strengthen national information systems and national statistical offices to be gender-responsive (beyond gender parity) as an important basis for building evidence generation on gender equity and knowledge sharing.   | O    |
| 6.6 | Refer back to gender analysis and capture and report on how the programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings, so they can be shared and used to inform development of new programming.                            | •    |
| 6.7 | Use key gender gaps or opportunities that have been identified but were not able to be addressed during programme implementation as the basis to inform the design of future adolescent programmes.  | O    |
| 6.8 | Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting that are easily accessible to adolescent girls and boys especially.   | O    |



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## FLAGSHIP RESULT: ZERO CHILDREN IN INSTITUTIONAL CARE

ECARO GUIDANCE ON GENDER RESULTS AND REPORTING FOR FLAGSHIP RESULTS





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## ZERO CHILDREN IN INSTITUTIONAL CARE

**ECARO Guidance on Gender Results and Reporting for Flagship Results** 



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# SECTION 1 GENDER-RESPONSIVE RESULTSBASED MANAGEMENT

The first section of this toolkit on the flagship result was designed to provide guidance on applying a gender-responsive approach to results-based management.

To skip to Section 2 of the Technical Guidance, go to page 43.



#### **Why Gender Matters**

The section begins with an introduction to the ECA context and addresses the critical gender barriers prevalent in the region that pertain to institutional care. A short set of reflection questions is included for each priority gender issue. Additional data in form of graphs as well as country highlights also substantiate a discussion of the issue. If you prefer to go straight to the gender barriers, go to page 12.



#### Other Global and Regional Sectoral Guidance

Should you wish to consult other gender guidance, the resources that are highlighted here will take you directly to the most recent global guidance for gender mainstreaming in the Situation Analysis phase, in the development of Programme Strategy Notes, the preparation of the Country Programme Document, or the undertaking of a Gender Programmatic Review which includes a toolkit.

Other regions – ESARO, EAPRO, and ROSA – have also developed gender guides or briefs tailored to their regions. Other regions can also offer useful examples by sector, GAP area, or a specific programmatic focus. It is worth noting that the ROSA Gender Toolkit was the precedent to the ECARO Gender Toolkit and was therefore adapted to the context of the ECA region.



#### **Gender Results That Can Be Achieved**

Here is an articulation of possible gender outcomes or results that ensue when systematic attention is drawn to gender disparities. Gender results are formulated for "boys and girls," "care and support of all children," which represent the Gender Action Plan (GAP) themes for gender integration in programming, and "adolescent girls' empowerment," representing the Targeted Gender Priorities in the GAP. Throughout the document, you may also find examples of gender results from specific subregions or country offices under "Country Highlights."



#### A Gender-Responsive Theory of Change

An illustration of a gender-responsive theory of change, in a simple format (without multiple levels of causality) is provided for a sample programme outcome with relevance to a particular sub-region.

This is followed by a set of gender-responsive output statements at four levels: enabling environment, demand, supply and quality. Of the four examples, two of them are further broken down to show how the statement would change along the continuum from gender-negative to gender-transformative.



#### **Choosing Indicators**

A menu of indicators that are aligned with the Gender Action Plan priority areas with their associated SIC codes and GEM marker ratings, relevant to this particular flagship result, is provided for easy referral.



#### **Useful Resources**

The resources listed here will help navigate you to other reference guides, data, and reports relevant to gender integration for this flagship result. This set of resources is not intended to be as comprehensive as a literature review; it is a short list of the most relevant documents that complement this guide in their analysis, empirical evidence, or instructional depth.

#### **REGIONAL FLAGSHIP RESULT**

#### **Current outcome statement:**



#### WHY GENDER MATTERS

#### Introduction to the ECA Regional Context<sup>1</sup>

The ECA region has the highest proportion of children separated from their families and placed in institutions worldwide, with 666 children per 100,000 living in institutional care – more than five times higher than the global average of 120 children per 100,000. In all, around 664,000 children are growing up in or are placed in institutional care. While the number of children in institutional care has been declining over recent decades, with marked drops in 11 countries between 2005 and 2012, the numbers of children in other forms of care, such as foster care, has been rising, with many children being separated from their families

Owing to prevailing social norms in the region, families consider residential institutions as the place for vulnerable children or children with special needs, with the result that children with disabilities are over-represented in institutional care. The view persists that children with disabilities are "medically defective" and require segregated settings where they can receive appropriate services and be protected from violence persists. The prevailing mindset is that the state is better placed to cater to children with disabilities, with chronic diseases, or with behavioral problems and that the state can substitute for family life for parents who encounter social or economic difficulties, are addicted to drugs or alcohol or are in prison.<sup>2</sup> Stigma and discrimination are also drivers for institutionalization of children among ethnic minority groups, such as the Roma, children living with HIV and children born out of formally recognized union. These are children who also tend to be over-represented in residential care.<sup>3</sup> Taking an intersectional approach, Roma children with disabilities are even more disadvantaged and represent 46 percent of the total number of children in residential care in Bulgaria, for example.<sup>4</sup>

Parents who migrate to find work may also view institutional care as the solution for leaving children behind. In Moldova, it is estimated that one in four children have at least one parent living or working abroad. Children with both parents living abroad are at even greater risk of neglect, abuse and placement.<sup>5</sup> The migration of mothers among the Roma population in Bulgaria and Romania also leads to the incidence of caregivers

<sup>&</sup>lt;sup>1</sup> This section is primarily from the description of the Protecting Regional Headline Result and the Sub-Regional Guidance Notes on the Flagship Result.

<sup>&</sup>lt;sup>2</sup> Legrand, Jean-Claude. "Child Care System Reforms in Eastern and Central Europe and Central Asia: Why There Is a Need to Focus on Children below Three Years." Irish Journal of Applied Social Studies 15, no. 2 (June 19, 2015), p. 4.

<sup>&</sup>lt;sup>3</sup> Ibid., p. 7. And: Browne, Kevin. "The Risk of Harm to Young Children in Institutional Care." Save the Children, 2009,

<sup>&</sup>lt;sup>4</sup> Better Care Network, and UNICEF. "Making Decisions for the Better Care of Children. The Role of Gatekeeping in Strengthening Family-Based Care and Reforming Alternative Care Systems. 5 Country Case Studies.," October 2015,

<sup>&</sup>lt;sup>5</sup> EveryChild, and Partnerships for EveryChild Moldova. "EveryChild Moldova's Programme Experience: Improving Children's Lives through Deinstitutionalisation." EveryChild, April 2013, p. 4.

for children left behind to be placed in institutional care due to financial, health or other problems until the parents return. UNICEF research also shows that another vulnerable category is younger children who are more likely to be removed and placed in institutions, rather than older children. Children who demonstrate anti-social behavior, who drop out-of-school or come into conflict with the law are also at risk. Other common factors for institutionalization include family disintegration, violence in the home, lack of social support systems, poverty, and poor social or economic conditions. Although the data are not available for this region, the demand for inter-country adoption can encourage placing children in residential care, with the prospect of a better life in the developed world. Emergencies, especially natural disasters, may also lead to the use of institutional care as a response to the needs of separated children.

The afore-mentioned drivers notwithstanding, the absence of appropriate child-care systems in the region also accounts for high rates of institutionalization. Children living with disabilities in particular do not have easy access to health or education services, and it is not common to place children with disabilities in foster care or up for domestic adoption. And since the collapse of the Soviet Union in the early 1990s, institutional care was widely accepted in the absence of support systems and social assistance for families in economic distress. Indeed, the lack of social protection mechanisms and services for families and children may feature more strongly in the choice of parents to place their children rather than a view that it is in the children's best interest.

In short, much progress is still needed to improve the enabling environment for de-institutionalization. Justice systems for children in Central Asia are still not well developed and placing children in closed educational correctional institutions remains common practice. Cases of physical and sexual abuse and exploitation of children in state institutions, especially the closed correctional institutions, have been reported, but institutionalized children are less likely to seek or find support from the justice system. The sub-region also does not have an overall vision for de-institutionalization and child care reform. Alternative care service systems are undeveloped, as are referral and case management, inclusive education and social service workforces. The lack of arrangements for alternative care reflects the prejudice and poor levels of awareness of the importance of caring for children who have been deprived of their family or were born to dysfunctional, violent or fragmented home situations.

<sup>&</sup>lt;sup>6</sup> European Roma Rights Centre, Bulgarian Helsinki Committee, and Milan Šimečka Foundation and Osservazione. "Life Sentence: Romani Children in Institutional Care." ERCC, June 2011, p. 44.

<sup>&</sup>lt;sup>7</sup> Better Care Network, and UNICEF. "Making Decisions for the Better Care of Children. The Role of Gatekeeping in Strengthening Family-Based Care and Reforming Alternative Care Systems. 5 Country Case Studies.," October 2015, p. 18. The case to which this refers is Moldova.

<sup>8</sup> Save the Children. "Save the Children's Child Protection Strategy 2013-2015: Children Without Appropriate Care," June 2013, p. 7.

<sup>&</sup>lt;sup>9</sup> EveryChild, and Better Care Network. "Enabling Reform. Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform," March 2012, p. 13.

<sup>&</sup>lt;sup>10</sup> Petrowski, Nicole, Claudia Cappa, and Peter Gross. "Estimating the Number of Children in Formal Alternative Care: Challenges and Results." Child Abuse & Neglect 70 (2017), p. 4.

<sup>11</sup> Legrand, Jean-Claude, 2015, p. 4.

Similarly, if there were adequate support services to parents and families to prevent child institutionalization, such as home visits by social workers, visiting nurses or community-based support groups, solutions could be found in developing parenting skills or relieving the pressures of poverty, for example. While social assistance systems to help prevent poor families from placing their children are available, coverage and child benefits nonetheless vary across the region. In the Caucasus and Belarus sub-region, social protection systems are more mature but are not commensurate with the level of need on the part of adolescents and children. There is no well-defined and resourced social service workforce that could conduct de-institutionalization, childcare system reform and justice reform.

In all sub-regions, UNICEF is making strides in supporting national ministries to put in place the policies and reforms necessary to move in the direction of deinstitutionalization and to build effective child-care systems that keep families together when possible. In the immediate term, UNICEF hopes to end the institutionalization of children under the age of three. This systems shift will require political will and greater investment in support services.

#### **Country Highlight**

#### Romania

Over the last 20 years, Romania has made strides in advancing the situation of children and this includes a drop in the number of children in institutional care from over 100,000 in the early 1990s to 18,197 children in 2017. The overall risk of poverty and social exclusion also declined from 47 percent in 2007 to 35.7 percent in 2017, with the aid of the requirements for EU accession. Because of UNICEF's technical assistance, the NAPRCA and the World Bank leveraged funds from the EU for a De-Institutionalization Master Plan 2017-2020 and, with additional funds, 50 more institutions are expected to close. Plans are to develop preventive, community-based services, using evidence generated from UNICEF's modeling experience and needs assessment performed with Aurora.

Source: COAR 2018

#### **Gender in Context**

#### The Relevant Gender Barriers

The five gender bottlenecks and barriers each have some relevance to institutionalization. Gender roles and ideals of masculinity and femininity underlie many of the gender issues identified below. Gender roles are acquired through a process of gender socialization from an early age and shape expectations around motherhood and fatherhood. They influence how girls and boys are valued in the family and whether girls will have the same opportunities as boys. The social norms that mirror feminine and masculine roles are exemplified in the perceived relationship between girls' sexual behavior and family honor, or in the acceptance of genderbased violence.

Harmful gender norms further marginalize young mothers who lack the wherewithal to support themselves and their children and may face discriminatory attitudes from social service providers. The lack of resources often results in placing children in institutional care Their lack of safety is manifest in vulnerability to domestic violence and abuse, the risk of children being exposed to violence or experiencing violence in the household, or to being faced with removal of their children to institutional care. At the same time, the vulnerability of boys to violence in institutional care cannot be disregarded, as these are the same children who may become offenders later in life. Inappropriate treatment of mostly boys but also girls by the justice system

#### **GENDER BOTTLENECKS AND BARRIERS**



Lack of safety and mobility



Lack of resources and decision making



Limited access to knowledge, information and technology



Gender division of labour between women and men, girls and boys



Masculine and feminine ideas and expectations

for children deserves due consideration as well.

Finally, it is important not to overlook an intersectional approach to examining gender barriers within and across population groups that are overrepresented in institutional care, such as children with disabilities and ethnic/ language minority groups.

#### **Priority Gender Issues and Key Questions**

#### Cultural notion of 'motherhood' and the burden of caregiving

The 'care and support of children' is the first entry point for the analysis of gender barriers as they pertain to the placement of children in institutional care. As with other flagship results, such as Immunization Coverage, the burden of child care and caregiving disproportionately falls to mothers which can be the cause for deepening vulnerability for mothers and their children as well. The idea that caregiving is inherently a female role underlies and perpetuates a gender imbalance in care work between mothers and fathers. Even when children are left behind by migrant parents or by male household members, they are left in the care of female caregivers.

Poverty is a primary reason for children being placed in residential institutions, as noted earlier. High levels of poverty combined with strong cultural norms of 'motherhood', as is often the case for single mothers, are identified as root causes for baby abandonment and relinquishment in the region.<sup>12</sup> This is accentuated by the absence of social support systems, not only for children but for parents in dealing with mental health issues and addictions which, if not addressed, can keep children longer in institutional care. 13

Transforming traditional notions of 'motherhood' and 'fatherhood' are fundamental to this work, as studies have shown that fathers' engagement in caregiving can improve child development outcomes, reduce violence against children, and reduce couple conflict<sup>14</sup> and, by extension, reduce the risk of children being removed or placed in institutional care

#### **OUESTIONS**



- 1. To what extent do programmes with social protection and social service workforce professionals include initiatives to engage fathers and male caregivers in child care?
- 2. Does professional training for the social service and social protection workforce also capture gender-sensitivity skills and enable them to challenge gender stereotypes in caregiving?
- 3. What are entry points for UNICEF to promote equitable caregiving among men and women?

<sup>&</sup>lt;sup>12</sup> Legrand, Jean-Claude, 2015, p. 4.

<sup>&</sup>lt;sup>13</sup> Browne, Kevin. "The Risk of Harm to Young Children in Institutional Care." Save the Children, 2009, p. 13.

<sup>14</sup> McCloskey, L. (2011) cited in Heilman, B., R Leytoy, N van der Gaag, A Hassink, and G Barker, "State of the World's Fathers: Time for Action." Washington, DC: Promundo, Sonke Gender Justice, Save the Children, MenEngage Alliance, 2017, p. 47.

#### Domestic violence and substance abuse

Violence and domestic violence is one of the factors that can lead to placing children in residential care, while alcohol and substance abuse, as well as household dysfunction can be contributing factors. 15 In Azerbaijan, for instance, most caregivers who had placed their children in the system, were single mothers, many of who had divorced their husbands in response to domestic violence. Because of the stigma against divorced women, they had little economic or social support from close family members. Coupled with the limitations of public benefits, child institutions remain the alternative means to provide their children with care and an education.<sup>16</sup>



#### **Engaging Men and Boys for Gender Equality**

Men and boys, together with other key influencers, are gatekeepers in the gender order of the society, and shifting their perceptions and practices is critical to the gender justice process. Men and boys can play a vital role in transforming taken-for-granted social/gender norms and practices to bring about overall gender-based empowerment.

Current interventions with boys and men tend to focus on response work with perpetrators, with limited evidence of programmes aimed at sustained social change and violence prevention. Yet, working with men and boys in schools, communities and the workplace will help to stop violence before it starts. Working with fathers (as well as mothers) in violence prevention will go far in creating nurturing, violence-free households with long-lasting effects on child development.

Source: UNFPA, and UNICEF. "Making the Connection between Intimate Partner Violence and Violence against Children in Eastern Europe and Central Asia." UNFPA and UNICEF, 2018.

Intimate partner violence in some ECA countries ranks high in a worldwide comparison, with 54 percent of women in the study countries having experienced some form of violence with a current partner.<sup>17</sup> In Kosovo, research shows that women victims of violence stay in abusive relationships for reasons of financial dependence, the social expectations of keeping the family together, the fear that the perpetrator will harm the victim's family, and the prioritizing of maintaining family honor.<sup>18</sup> While it is clearly established that children who witness violence will be compromised physically, mentally, and emotionally and that it directly violates their right to a standard of living adequate to

<sup>15</sup> UNFPA, and UNICEF. "Making the Connection between Intimate Partner Violence and Violence against Children in Eastern Europe and Central Asia." UNFPA and UNICEF, 2018, p. 14.

<sup>&</sup>lt;sup>16</sup> Claypool, Emily, and Leyla Ismayilova. "A Gender-Focused Analysis of Structural and Social Precipitators to Child Institutionalization in Azerbaijan: A Qualitative Study." Social Science & Medicine 232 (July 2019), abstract.

<sup>&</sup>lt;sup>17</sup> The countries are Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia, Moldova and Ukraine. Source: OSCE. "OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women. Main Report." OSCE, 2019, p. 43.

<sup>18</sup> UNICEF. "Qualitative Research on Social Norms around Gender-Based Violence and the Physical Punishment of Children in Kosovo (UNSCR 1244)." Kosovo: UNICEF, July 2016, p. 12.

their development, what happens to children exposed to violence in the home, depends on the influence of social norms and the responsiveness of the social protection system, social services, and the justice system.19

One of the findings of the recent OSCE study showed that intimate partner psychological violence can take different forms, the most common being "controlling behaviors" – such as restricting the woman from seeing her friends or family, forbidding the use of contraception, preventing her from pursuing an education, deciding on what clothes she can wear, gaining permission to see a doctor.<sup>20</sup> Overall, 48 percent of women who ever had a partner experienced controlling behaviors, 43 percent experiencing abusive behavior, 19 percent, economic violence, and 7 percent their children to blackmail the women or abusing the children.<sup>21</sup> In another survey, data show that when women experience violence at home, children are at higher risk of being traumatized as well.<sup>22</sup> Exposure to violence before age 18 significantly increases the risk of later adulthood violence, either as a perpetrator or a victim.

#### **OUESTIONS**



- 1. How are social protection programmes for children linked to domestic violence prevention?
- 2. What child care alternatives are proving successful for children exposed to violence in the home?

#### Children out of formally recognized union and unwanted pregnancies

Infant abandonment is a common practice among very young married girls in countries like Kosovo, where an illegitimate child is often thought to bring shame onto the whole family. Women who have children out of formally recognized union or unwanted pregnancies and experience stigmatization from their families are more likely to place the child in an institution or in an adoption service.<sup>23</sup> Situations in which the father of the child denies support place additional stress on the young mother who must care for the child alone and is confronted with an uncertain and more vulnerable future. Even in instances of rape, girls who find themselves with an unwanted pregnancy may still be ostracized by the family.24

<sup>19</sup> UNICEF. "Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia." UNICEF, July 2016, p. 29.

<sup>&</sup>lt;sup>20</sup> OSCE. "OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women. Main Report." OSCE, 2019, p. 44.

<sup>&</sup>lt;sup>21</sup> OSCE (2019), pp. 44-45.

<sup>&</sup>lt;sup>22</sup> UNFPA, and UNICEF. "Making the Connection between Intimate Partner Violence and Violence against Children in Eastern Europe and Central Asia." UNFPA and UNICEF, 2018.

<sup>&</sup>lt;sup>23</sup> Carter, Richard. "Family Matters: A Study of Institutional Childcare in Central and Eastern Europe and the Former Soviet Union." EveryChild, 2005.

<sup>&</sup>lt;sup>24</sup> Carter, Richard (2005), p. 61.



#### Gender Socialization and its Relevance to Child Care

Gender socialization refers to the processes by which individuals (especially children and adolescents) internalize, or take on, those informal rules or shared beliefs shaped by gender norms.

Social norms tend to confer less responsibility to men for caregiving and care work generally. According to the study cited below, women are seen as having less freedom than men to socialize and men are seen as having fewer obligations at home. Sex within a marriage is considered a marital obligation and sexual violence is often not viewed as violence.

Source: OSCE. "OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women. Main Report." OSCE, 2019.

In a major study on children in public care in Romania, teenage mothers, upon birth of the child in public care, represented 26 percent of all mothers of children in public care.<sup>25</sup> In rural source communities, one third of mothers had their first child between age 13 and 17. Roma teenage mothers have a higher incidence of children in public care, at 33 percent. Most teenage mothers were healthy when their child entered the system. The majority were not married, but 22 percent lived in a consensual union, and 1 percent were legally married. Over 82 percent of the mothers stated that the child's father was unknown or that the father did not want to acknowledge paternity. A low educational attainment level and low level of sexual education of mothers were also characteristic. Only 6 percent of the children of teenage mothers who entered public care had a disability and fewer than 10 percent had developmental delays. In most cases, the child was placed in public care because the child was rejected by the family on which the mother was financially dependent.

#### **QUESTIONS**



- **1.** What programmes are available to prevent child separation in the case of young mothers?
- 2. Is UNICEF supporting social services to respond to the needs of young mothers?

<sup>&</sup>lt;sup>25</sup> Stanculescu, Manuela Sofia, et al. "Romania: Children in Public Care 2014." Bucharest: World Bank and UNICEF, 2017, p. 115.

#### Children with disabilities and the consequences for mothers

Patriarchal views perpetuate the lower status of women that is expressed in myriad ways but particularly when their reproductive experiences do not meet the cultural norms. In some societies around the globe, women are viewed as a personal failure for infertility or for failing to deliver a son and are consequently punished or ostracized. Women in some countries in the ECA region may take the blame for bearing children with a disability. In Tajikistan, it was reported that husbands frequently divorced their wives as a direct result of giving birth to a child with a disability.<sup>26</sup> However, the broader literature on mothers of children with disabilities shows that it is not uncommon for mothers to blame themselves or, under societal pressures, to search for the answers in maternal misconduct.<sup>27</sup> Yet, as the anthropologist Landsman demonstrates in her book (2009), the self-blame is also rooted in a perspective on disability that aligns with the medical model, undermining both the personhood of infants diagnosed as disabled and the motherhood of the mothers themselves.<sup>28</sup> In the ECA region, where the medical model of disability still prevails, the result is that health care providers may encourage mothers to abandon / institutionalize babies born with a disability.<sup>29</sup> To illustrate the strong link between child institutionalization and children with disabilities, recent data for Armenia report that the majority of institutionalized children have a disability. As of 2018, 470 of the 647 children in state run orphanages have disabilities. The annual cost of supporting this system is \$16.6 million.30

#### **OUESTIONS**



- **1.** Does training on disability for social workers and social protection service and healthcare providers include a gender perspective?
- 2. How do social workers educate caregivers on disability and are they able to dispel fears and myths about the relationship between mothers and disability?

<sup>&</sup>lt;sup>26</sup> EveryChild, and Better Care Network. "Enabling Reform. Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform," March 2012, p. 18.

<sup>&</sup>lt;sup>27</sup> Landsman, Gail. Reconstructing Motherhood and Disability in the Age of "Perfect Babies." New York, NY: Routledge, 2009.

<sup>28</sup> Landsman, Gail (2009).

<sup>&</sup>lt;sup>29</sup> EveryChild, and Better Care Network (2012), p. 18.

<sup>30</sup> Source from Nvard

#### **Country Highlight**

#### **Albania**

Children with disabilities are over-represented among the small number of children who are in public residential care. Educational special needs and poverty are two of the main reasons for family separation and the placement of children in public institutions.

In 2018, owing to UNICEF's continuous advocacy on the right of children to grow in the care of a nurturing family environment, the Government kick-started the gradual and full de-institutionalization process of children living in public residential care, with a concrete action plan. In the first phase of this plan, the assessment of 230 children living in nine institutions in Albania is currently being carried out. As the child care reform unfolds, UNICEF continues to play its role as convener and technical advisor to GoA with the objective of ending the institutionalization of children in the country.

Source: COAR 2018

#### The intersection of ethnicity and gender

While young mothers in general are at risk of child removal, single mothers and girls under the age of 16 who belong to the Roma population may be targeted by child protection departments and forced to place their children, or they may do so voluntarily. Single Roma mothers, according to evidence for one country context, were found to live in worse housing conditions and more difficult financial situation with a compromised ability to support their children. Single mothers were challenged in following up on their children's school absenteeism and with school authorities, which led to removal by the authorities.31

Whether it is single mothers or Roma parents in general, they consistently encounter discriminatory attitudes among social workers and service providers.<sup>32</sup> In Bulgaria, child protection services are known to communicate to Roma families the view that they are incapable of taking care of their children and falsely claim they can take them back later.<sup>33</sup> Moreover, given the lack of professional capacity in assessing disabilities and the concomitant discriminatory practices, Roma children are sometimes erroneously

<sup>&</sup>lt;sup>31</sup> European Roma Rights Centre, Bulgarian Helsinki Committee, and Milan Šimečka Foundation and Osservazione. "Life Sentence: Romani Children in Institutional Care," ERCC, June 2011, pp. 43-44.

<sup>32</sup> European Roma Rights Centre, (2011).

<sup>33</sup> European Roma Rights Centre (2011), p. 39.

considered as having an intellectual impairment and placed in institutions and special schools. Overall, the exclusion of the Roma population perpetuates their structural poverty that contributes to their cyclical vulnerability to child removal and institutionalization.

#### **OUESTIONS**



- 1. Are there specific programmes aimed at addressing the preponderance of Roma children in residential care and, if so, how are they catering to single or young mothers?
- 2. Does diversity and inclusion training for social workers and social protection service providers incorporate a gender lens?
- **3.** Does case management track children by ethnicity and gender?

#### A paucity of gender-based data

It is recognized that there is a lack of data on people and on children with disabilities, reflecting not only their invisibility but the challenge of applying a common definition of 'impairment' and 'disability.'34 However, intersectional and sex-disaggregated data are missing writ large for children with disabilities, ethnic and language minority groups, children left behind, and migrant children with regard to the risk or the reality of institutionalization. Data on parents and caregivers of institutionalized children, such as divorced, widowed, single parent, age, ethnic background, economic status, migrant status, and sex are not systematically available to perform a gender analysis for the region as it relates to this flagship result.

#### **QUESTIONS**



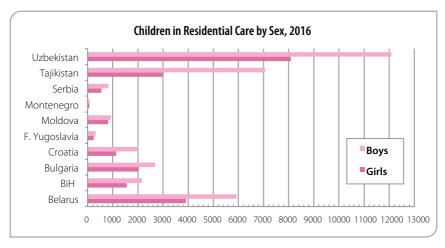
- 1. Do reforms for the social work / protection sector include identification of data needs that allow for an analysis of gender barriers across vulnerable population groups?
- 2. Are gaps in sex-disaggregated data across the sector already identified?

#### Gender disparities in children placed in residential care

As above, sex-disaggregated data on children in residential care are also not systematically available. The following graph represents 2016 data for the region.<sup>35</sup>

<sup>&</sup>lt;sup>34</sup> UNICEF. "Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia." UNICEF, July 2016, p. 36.

<sup>35</sup> See: http://transmonee.org/dashboard/Transmonee2018#/



Although only half the countries are represented here, the data clearly indicate that more boys than girls are in residential care across the board. Non-government organizations that work with children at risk have expressed the view that boys might be more susceptible to institutionalization because of their challenging behavior in school, or that girls were easier to place in foster care than boys.<sup>36</sup> In general, it is also plausible that one gender dominates in a particular type of institution or alternative care.

Moldova, from which the afore-mentioned example is drawn, does not have a management information system within the social work profession to track gender and other characteristics of children, which is likely to be the case in other countries.<sup>37</sup> And without data, it is especially important not to make assumptions about who is more vulnerable but to understand the drivers that lead to girls' and boys' institutionalization and how it may differ by disability status, ethnicity, parent characteristics, etc. For example, evidence for Bulgaria and Romania show that child abandonment among the Roma population affects girls more than boys which may reflect the specific gender dynamics and social norms within this population group.

It is also recognized that girls with disabilities are more disadvantaged than boys in most contexts. They are less likely to obtain an education, receive vocational training or find employment than boys. They are less likely to receive care and food and more at risk of being excluded from family interactions and activities.<sup>38</sup> At the same time, this may not lead to a higher rate of institutionalization of disabled girls vs. boys nor are data available to ascertain this.

<sup>&</sup>lt;sup>36</sup> Evans, Peter, UNICEF Moldova, and Terre des hommes Moldova. "Evaluation Report: Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012," 2013, p. 65.

<sup>&</sup>lt;sup>37</sup> Browne, Kevin. "The Risk of Harm to Young Children in Institutional Care." Save the Children, 2009, p. 17.

<sup>38</sup> UNICEF. "The State of the World's Children 2013: Children with Disabilities," May 2013, p. 2.

#### **QUESTIONS**



- 1. What research is being planned around de-institutionalization that may help understand the choices made by caregivers to turn to state institutions for girls vs. boys?
- 2. What research is being planned to inform the best alternative care options for girls vs. boys?
- 3. Is there sex-disaggregated data on abuse or violence against children in state institutions?

#### Exploitation and abuse of girls and boys in institutional care

The risks of child abuse or gender-based violence in institutional care are welldocumented and research shows that violence against children living in care institutions are six times higher than the rate for those living in family-based foster care.<sup>39</sup> This includes violence by their peers or even by the staff and officials charged with their safekeeping. Evidence available for Romania shows that 37.5 percent of children in state care have been victims of severe physical punishment, two-thirds of whom were boys and one-third, girls.<sup>40</sup> Blackmailing for sexual activities affected both girls and boys. It is also evidenced that children in institutions are exposed to gender-based violence, but not enough data are available to confirm that girls are more often victims of sexual violence in either care or detention facilities.<sup>41</sup> However, one study of violence in children's homes in England found that girls were three times more likely to experience sexual violence than boys and also the severest forms.<sup>42</sup>

Findings from a study on violence among children in state institutions in Kazakhstan reveal violence as a serious problem in all institutions surveyed.<sup>43</sup> In orphanages, shelters, and institutions of education for children with deviant behavior, both girls and boys reported experiencing physical violence from staff, although the rates tended to be higher for boys. In institutions for children with psycho-neurological and severe disabilities, staff also used various forms of violence to discipline children; however, the reported data were not sex-disaggregated.44

<sup>&</sup>lt;sup>39</sup> UNICEF. "Hidden in Plain Sight: A Statistical Analysis of Violence against Children." UNICEF, 2014.

<sup>&</sup>lt;sup>40</sup> UNICEF. "Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia." UNICEF, July 2016, p. 28.

<sup>&</sup>lt;sup>41</sup> UNICEF (2016), p. 28.

<sup>&</sup>lt;sup>42</sup> SOS Children's Villages International, and University of Bedfordshire. "From a Whisper to a Shout: A Call to End Violence Against Children in Alternative Care," 2014, p. 37.

<sup>&</sup>lt;sup>43</sup> This included shelters, orphanages and institutions for children with deviant behavior, special correctional institutions of education, infant homes, and institutions for children with psycho-neurological/severe disabilities. Source: Haarr, Robin N. "Violence against Children in State-Run Residential Institutions in Kazakhstan: An Assessment." Kazakhstan: Commissioner for Human Rights in the Republic of Kazakhstan and UNICEF, May 2011.

<sup>44</sup> Haarr, R (2011), see Chapter 5.



#### **Males and Masculinities**

Masculine ideology is a set of descriptive, prescriptive and proscriptive of cognitions about boys and men. Men and boys have been socialized to use aggression and violence as a mean to resolve interpersonal conflict. Constricted notions of masculinity favor aggression, homophobia and misogyny, which often accounts for boys' disruptive behavior, such as bullying, homosexual taunting, and sexual harassment

The aggressive, physical violence to which boys are exposed in institutional care makes it more likely that they will become offenders later in life. And girls who have been sexually abused are at higher risk of experiencing intimate partner violence and of being involved, or exploited, in sex work later.

Source: UNICEF. "Hidden in Plain Sight: A Statistical Analysis of Violence against Children." UNICEF, 2014.

#### **Country Highlight**

#### Bosnia-Herzegovina and the Republic of Serbia

In Bosnia-Herzegovina, over 5,000 children benefitted directly from UNICEFsupported child protection programmes and interventions. This includes more than 2,800 children (561 girls, 1,629 boys, 631 unknown) in contact with the law, of which 942 victims, 709 witnesses and 1,170 alleged offenders. It also includes 312 children at risk from family separation who benefitted from family support services and 574 children in foster care. In addition, as part of the humanitarian response over 1,500 children on the move, of which more than 300 unaccompanied and separated children (UASC) benefitted from child protection services, including psychosocial counselling, child-friendly spaces, case management and legal guardianship.

Both Bosnia-Herzegovina and the Republic of Serbia have been advancing the focus on foster care. In B-H, UNICEF supported the MoLSP-led training on foster care, along with SOS Children's Villages and Hope and Homes for Children, using the internationally-recognized PRIDE model. In the R. of Serbia, the Ministry of Health and Social Welfare provided training to CSWs with emphasis on foster care for children with disabilities and supervision to prevent burn-out of foster parents. In 2018, 441 foster families and 574 children in foster care were supported.

Source: COAR 2018

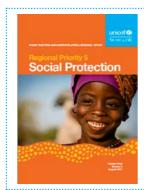
# OTHER GLOBAL AND REGIONAL SECTORAL GUIDANCE

The present guidance developed by ECARO should be consulted as part of an existing panoply of gender guidance developed within recent years. UNICEF's global guidance shown below takes country offices through the phases of programming that includes the option of conducting a Gender Programmatic Review. The ECARO guide was developed to complement and refer to the existing resources available to Country Offices.

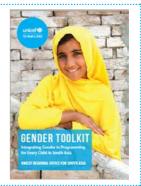


Other UNICEF regions have also been active in developing gender guidance. The ESARO and EAPRO guides below pertain specifically to the Social Protection Sector but are part of a series capturing the other sectors aligned with UNICEF's Strategic Plan and with the Gender Action Plan (GAP)'s integrated gender results and targeted priorities.

The ROSA Gender Toolkit is of particular importance as its first two Sections, the first on Gender Concepts and UNICEF's Gender Commitments, the second on Practical Steps for Gender Mainstreaming, also serve as the foundation for the present ECARO guidance. As such, Sections 1 and 2 are recommended reference chapters that explain in greater detail the basis for the framework adopted herewith. Section 3 of the ROSA Toolkit consist of gender analysis questions and programme checklists designed for each of ROSA's Headline Results. The conceptualization of both the EAPRO and the ROSA guidance have inspired and been adapted in the formulation of the ECARO guidance.







One of 10 gender briefs developed by UNICEF ESARO on how to address gender equity in programming, using examples and challenges in the social protection sector from the region.

One of 7 sectoral guides developed by UNICEF EAPRO with specific examples on how to formulate genderresponsive outputs and results. UNICEF ROSA's comprehensive toolkit of 400 pages is a reference document and precedent for the present ECARO gender guide on Flagship Results.

# GENDER RESULTS THAT CAN BE ACHIEVED



#### For girls & boys

#### These gender results apply to prevention of de-institutionalization:

- Children (girls and boys) born to (a) mothers, out of formally recognized union (b) single mothers, and (c) Roma parents have the opportunity to grow up with adequate resources for their development and wellbeing and be free of poverty, stigma, and violence; girls are free of gender discrimination and gender-based violence
- Girls and boys born to parents with violent or abusive behavior in the home have access to safe, non-violent home environments over the life cycle
- Girls and boys with disabilities have equal access to appropriate, nondiscriminatory medical and social service support to not require institutionalization
- Girls with disabilities have equal access as boys to education, health and other basic services, as well as to resources and opportunities for their development
- Fewer girls and boys from poor and vulnerable families, including migrant parents, are being placed in institutional care and are receiving social assistance to support their development and wellbeing

#### Pertaining to children in institutional care:

- Girls and boys who have experienced or witnessed abuse, violence or exploitation have access to the appropriate medical and mental health care; to information and complaint mechanisms and to child-friendly, non-discriminatory juvenile justice that is gender-sensitive; and to a safe, loving alternative child care environment.
- There is a decline in child offenders (boys and girls) among children in institutional care or who were institutionalized.
- Girls and boys in institutional care are given options to return to their families or go to alternative child care settings that are safe, loving and sustaining



#### Care and support of all children

- Single, poor and/or young mothers have access to social assistance services to support their children.
- There is a decline in the number of young mothers abandoning their babies (not only in maternity wards).
- · Young mothers who experience IPV have access to gender-responsive, nondiscriminatory and child-friendly social services (shelter, protection, employment, etc.) and to gender-responsive, non-discriminatory legal redress.
- Vulnerable mothers and fathers have access to parenting training or counseling that promotes (a) a shift in norms of masculinity towards equality and respect, (b) nonviolent methods of child discipline, and (c) equitable sharing of care work.
- Mothers and fathers of children living with disabilities have adequate social assistance coverage and access to education about disability that empowers both parents to care for them.



#### Adolescent girls and empowerment

- Adolescent girls in particularly vulnerable families or from communities with harmful traditional norms have access to life skills training, education, and empowerment programmes that reduce their risk of child marriage or teenage pregnancy.
- Roma mothers, single mothers in particular, have access to gender-responsive, non-discriminatory social assistance and to other social services (e.g., employment schemes, day care) that enable them to support their children and avoid separation.
- Adolescent girls and boys have access to life skills training on non-violent behaviors that includes positive masculinities.
- · Adolescent girls have access to gender-responsive, youth-friendly reproductive health services and family planning.
- Adolescent girls have access to opportunities to develop their competencies and to develop projects that help them challenge the gender norms

# A GENDER-RESPONSIVE THEORY OF CHANGE

Below is an illustrated theory of change for a sub-regional level outcome relating to the flagship result on de-institutionalization.

**Sub-region:** Central Asia. **Programme outcome:** Child care reforms support deinstitutionalization through social assistance / protection for vulnerable families, esp. young mothers, and alternative care for boys and girls from all vulnerable population groups



Child care reforms support de-institutionalization through social assistance / protection for vulnerable families, esp. young mothers, and alternative care for boys and girls from all vulnerable populations

- If social assistance programmes target vulnerable young and single mothers to access resources and services that allow them to support their children, particularly child care and employment
- If parenting programmes promote the equitable sharing of care work, non-violent discipline of children, and positive masculinities to reduce violence and substance
- · If victims of gender-based violence have access to and trust support services (medical, legal, social)
- If case management and information systems adhere to data collection standards on children and parents of children in institutional care (and disaggregated by sex, age, ethnicity, etc.)
- If social protection adopts a multi-dimensional approach to measuring and defining vulnerability
- If quality standards for social work and social service workforce professionals include skills in gender equality, inclusion, and disability
- If reforms made to the justice system offer access to child-friendly justice with due consideration to the gender aspects and differential requirements of girls and boys
- If countries adopt policies and legislation on the rights of people with disabilities and service providers have updated their knowledge and skills on the inclusion of children with disabilities, with a gender lens
- If programmes in health, education, social protection, and others provide opportunities for Roma communities to improve their economic / employment status and transform harmful gender norms
- If coordinated efforts to reduce child marriage are made with social protection
- If the education, social work/service, health and social protection workforce improve their capacity to detect mothers at risk of child abandonment and detect children at risk of separation
- If early childhood education programmes incorporate initiatives to transform adverse gender norms and foster tolerant, non-violent behavior in children

#### **Enabling Environment Output**

Strengthen the evidence base on gender-related barriers across all vulnerable population groups to inform childcare reforms and justice for children relating to de-institutionalization.

**Explanation:** As indicated above, very little data are available to perform an analysis of gender-related and multiple deprivations for children in institutional care or at risk therefore. Even case management and social protection information systems lack consistency in data on children as well as on parents' characteristics that would shed light on the drivers for child institutionalization. It is also important that data are routinely made available on violence, exploitation and abuse of children, disaggregated by age and sex.

#### **Supply Output**



#### **Gender-transformative**

Intersectoral and preventive gatekeeping services upgraded to reflect new standards on child care and to reduce the incidence of child separation that addresses the caregiving responsibilities of mothers and fathers



#### **Gender-specific**

Intersectoral and preventive gatekeeping services upgraded to reflect new standards on child care and to reduce the incidence of child separation, with a particular focus on young, single mothers



#### **Gender-sensitive**

Intersectoral and preventive gatekeeping services upgraded to reflect new standards on child care and to reduce the incidence of separation for girls and boys under 3 years of age equally



#### **Gender-blind**

Intersectoral and preventive gatekeeping services upgraded to reflect new standards on child care and to reduce the incidence of child separation



#### **Gender-negative**

N/A

#### **Demand Output**

Support the development of the "Cash-Plus" services model to address child poverty, targeting the most vulnerable single mothers

**Explanation:** With the aim of preventing child institutionalization, this type of programme acknowledges the evidence in the region that an important at-risk population group of young mothers who, as a result of myriad circumstances – family breakdown, teenage pregnancy, the father's denial of paternity, rejection by the father's family, and gender stereotyping – has few resources to support her children. This is especially so if the child is born with a disability. Moreover, traditional gender roles place expectations of child care (and unpaid care work in general) on the mother. Alleviating the child's poverty in this case can be achieved by assisting the mother with financial assistance and access to other services for a sustainable livelihood.

#### **Quality Output**



#### **Gender-transformative**

Increase the diversity and quality of care options for children with different kinds of disabilities that offer positive gender norms and role models within the caregiving environment

#### **Gender-specific**



Increase the diversity and quality of care options for children with different kinds of disabilities and ensure equal access to education and health for girls with disabilities

#### Gender-sensitive



Increase the diversity and quality of care options for children with different kinds of disabilities, which includes non-discriminatory, gender-equitable attitudes of social care providers

#### **Gender-blind**



Increase the diversity and quality of care options for children with different kinds of disabilities, which includes non-discriminatory attitudes of social care providers

#### **Gender-negative**



Increase the diversity and quality of care options for children with different kinds of disabilities that keep girls at home and allow boys an independent living

# **CHOOSING INDICATORS**

This section provides a menu of indicators that Country Offices are encouraged to use in their programs relating to social protection. Two sets of indicator menus are presented: (a) Goal area 3 – GAP priority 6 on gender-based prevention and response to violence against girls and boys; and (b) Goal area 5 – GAP priority 8 on non-gender-discriminatory roles, expectations and practices for girls and boys.

| GAP priority 6: Gender-based prevention and response to violence against girls and boys (Goal area 3) |   |   |  |  |
|---|---|---|--|--|
| Demonstrable result   | SP-GAP output statements  | SP-GAP output<br>indicators   |  |  |
| 6. Gender-based prevention and response to violence against girls and boys                            | 2.b: Countries have<br>strengthened their education<br>systems for gender-equitable<br>learning outcomes, including<br>early learning | 2.b.4. Percentage (and<br>number) of countries with<br>gender-responsive teaching<br>and learning systems   |  |  |
|   | 2.c: Countries have institutionalized skills for learning, personal empowerment, active citizenship and employability                 | 2.c.1. Number of girls and boys who have participated in skills development programmes for learning, personal empowerment, active citizenship and/ or employability through UNICEF-supported programmes (humanitarian) (disaggregated by sex) |  |  |

| Result Area  | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|--|-------------|--|---------------|
| Prevention and response services for violence against children | 21-07-11    | Address violence against girls and gender related issues as part of adolescent HIV programming       | Yes           |
|  | 23-01-01    | Legal and policy framework related to violence, exploitation and abuse                               | Yes           |
|  | 23-01-02    | Services to prevent or respond to violence, exploitation and abuse                                   | Yes           |
|  | 23-01-07    | Administrative data and Information<br>Management System (IMS) including<br>CPIMS+, GBVIMS+, MRMIMS+ | Yes           |

| Result Area       | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|-------------------|-------------|---|---------------|
|                   | 23-01-08    | Family reunification in emergencies – prevention and response   | Yes           |
|                   | 23-01-14    | Parent/caregiver education and programmes on violence, exploitation and abuse – across the life cycle                                   | Yes           |
|                   | 23-01-15    | Parent/caregiver education and programmes on violence, exploitation and abuse – 0 to 7 years  | Yes           |
|                   | 23-01-16    | Parent/caregiver education and programmes on violence, exploitation and abuse – 8 to 18 years   | Yes           |
|                   | 23-01-17    | Social and behaviour change communication on violence, exploitation and abuse   | Yes           |
|                   | 23-01-18    | Child protection focused on care and support for children with disabilities   | No            |
|                   | 23-01-19    | Violence, exploitation, and abuse – surveys (e.g. KAP, VACS), data analysis/research/evaluation evidence generation, synthesis, and use | Yes           |
|                   | 23-01-22    | Inter-sectoral coordination and collaboration on violence, exploitation and abuse   | Yes           |
|                   | 23-01-99    | Technical assistance – Prevention and response services for violence against children   | Yes           |
| Harmful practices | 23-02-05    | Harmful practices – routine<br>administrative data collection, household<br>surveys and monitoring systems                              | Yes           |
|                   | 23-02-06    | Harmful practices – planning, co-<br>ordination and programme monitoring  | Yes           |
|                   | 23-02-07    | Services related to FGM/C   | Yes           |
|                   | 23-02-08    | Legal and policy framework related to FGM/C   | Yes           |
|                   | 23-02-09    | Social and behaviour change communication related to FGM/C  | Yes           |

| Result Area       | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|-------------------|-------------|--|---------------|
|                   | 23-02-10    | FGM/C – surveys (e.g. KAP, VACS), data analysis/research/evaluation evidence generation, synthesis, and use  | Yes           |
|                   | 23-02-99    | Technical assistance – FGM/C   | Yes           |
| Access to justice | 23-03-04    | Birth Registration/Civil Registration and<br>Vital Statistics systems  | Yes           |
|                   | 23-03-06    | Justice, birth registration/CRVS, and alternative care – surveys (e.g. KAP, VACS), data analysis/research/evaluation evidence generation, synthesis, and use | Yes           |
|                   | 23-03-07    | Justice, birth registration/CRVS, and alternative care – planning, co-ordination and programme monitoring  | Yes           |
|                   | 23-03-99    | Technical assistance – Access to justice   | Yes           |

| Results Areas   | Standard Output Indicators  | Gender<br>Tag |
|---|---|---------------|
| 23-01 Prevention<br>and response<br>services for violence<br>against children | Country has a national, multi-sectoral plan(s) or strategy(ies) for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan.  | 2             |
|   | Country has a functioning, national, multi-sectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation. | 2             |
|   | Country has ratified the UN protocol to prevent,<br>Suppress and Punish Trafficking in Persons Especially<br>Women and Children-  | 3             |
|   | Country routinely collects and publishes key types of administrative data on violence, exploitation and abuse of children, disaggregated by age and sex.  | 2             |
|   | Health workers trained on birth registration  | 2             |
|   | Municipalities that implement local protocols for the protection of children from violence, abuse and neglect   | 2             |
|   | National legal framework conforms to international standards regarding the criminalization of child sexual abuse and exploitation.  | 2             |

| Results Areas  | Standard Output Indicators  | Gender<br>Tag |
|--|---|---------------|
|  | Number of people who participate in social and behavior change communication interventions promoting elimination of VAC through UNICEF programmes.  | 2             |
|  | Number of social service workers with responsibility for child protection per 100,000 children, according to type (with/without post-secondary education; governmental and nongovernmental)   | 2             |
|  | Percentage of children and adolescent who were taught in their classes in the past academic year how to prevent and respond to violence such as physical fights, bullying, physical attack, forced sex, or unwanted sexual touch, by sex and age.       | 2             |
|  | Quality of inter-operable information management system supports and tracks case management, incident monitoring, and programme monitoring  | 2             |
|  | Status of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to sexual violence against children (including adolescents), consistent with WHO guidelines and international human rights standards. | 2             |
| 23-02 Harmful<br>practices (FGM/C<br>and child marriage) | Communities that have participated in a public declaration of support for the abandonment of FGM/C  | 3             |
|  | Country has a costed national action plan or strategy to end FGM/C being implemented  | 3             |
|  | Existence of a revised Child Protection Policy on the basis of a Gender Review supported by UNICEF  | 3             |
|  | Proportion of service delivery points in programme areas implementing guidelines for adolescent girl-friendly health and protection services  | 3             |
|  | Number of adolescent girls and women benefitting from asset-building interventions  | 3             |
|  | Number of adolescent girls in programme areas supported to access and remain in primary or lower secondary school or non-formal education   | 3             |
|  | Number of children and women benefitting from programs/projects with evidence of integration of GBV Guidelines recommendations in programme assessment, design and implementation   | 3             |

| Results Areas           | Standard Output Indicators  | Gender<br>Tag |
|-------------------------|---|---------------|
|                         | Number of girls and women accessing safe spaces, disaggregated by age and sex   | 3             |
|                         | Number of girls and women receiving dignity kits or other risk reduction materials  | 3             |
|                         | Number of girls and women who receive prevention and protection services on FGM/C through UNICEF-supported programmes   | 3             |
|                         | Number of girls, boys, women and men benefitting from awareness activities to promote access to services to respond to incidents of GBV (e.g. how, where and why to access services for GBV)  | 3             |
|                         | Number of men, women, boys and girls who participate in social mobilization platforms promoting the elimination of FGMC   | 3             |
|                         | Number of non-formal/primary/secondary schools implementing interventions to improve the quality of education for adolescent girls  | 3             |
|                         | Number of people who participated in public declarations in support for the abandonment of FGM  | 3             |
|                         | Number of women, men, girls and boys targeted by social norm change interventions or other GBV-related information or awareness intervention  | 3             |
| 23-03 Access to justice | Existence of a national civil registration and vital statistics strategy(ies) which reflects recent international standards and principles for CRVS systems and are in line with the human rights conventions and protocols ratified by the State | 2             |
|                         | Number of Civil Registrars or other cadres (i.e. health workers, community leaders, teachers act.) who are legally mandated to notify or register births and who have received training on birth notification or registration                     | 2             |
|                         | Percentage of children who had their birth's registered children who received a legal identity document (0-17) from vulnerable or marginalized populations.   | 2             |
|                         | Percentage of districts that have a free and universal birth registration service within the civil registration (in accordance with national legal requirements)  | 2             |

# GAP priority 8: Non-gender-discriminatory roles, expectations and practices for girls and boys (Goal area 5)

| Demonstrable result   | SP-GAP output statements  | SP-GAP output<br>indicators   |
|---|---|---|
| 8. Non-gender-<br>discriminatory roles,<br>expectations and practices<br>for girls and boys | 5.d: Countries have scaled up<br>programmes to overcome<br>gender discriminatory roles,<br>expectations and practices | 5.d.1. Percentage of countries with at-scale programmes addressing gender discriminatory roles and practices among children       |
|   |   | 5.d.2. Percentage of countries with at-scale capacity development programmes for front-line workers that focus on gender equality |

| Result Area   | SIC<br>code | Specific areas of intervention  | Gender<br>tag |
|---------------|-------------|---|---------------|
| Child poverty | 25-01-02    | Child poverty analysis towards policy change (Profiling, mapping and identifying drivers of multi-dimensional and monetary poverty of children, modelling and simulation of policy options) | Yes           |
|               | 25-01-05    | PF4C – improving Budget allocation  | Yes           |
|               | 25-01-06    | PF4C: Improving public expenditure effectiveness / efficiency   | Yes           |
|               | 25-01-08    | PF4C – domestic revenue mobilization and access to finance for key social services  | Yes           |

| Result Area       | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|-------------------|-------------|--|---------------|
| Social protection | 25-02-01    | Cash Transfers: Technical support to<br>government cash transfer system<br>development and expansion (design,<br>targeting, beneficiary selection,<br>grievance mechanism, cash delivery<br>mechanisms like banking, mobiles,<br>community distribution) | Yes           |
|                   | 25-02-02    | Cash Transfers – social protection data<br>management (management information<br>system, social and beneficiary registries,<br>M&E systems)  | Yes           |
|                   | 25-02-03    | Cash Transfers: Delivery of cash transfers through government system (beneficiary identification, grievance mechanisms, cash delivery mechanisms like banking, mobiles, community distribution)  | Yes           |
|                   | 25-02-04    | National social protection strategies:<br>Policies, strategies, legislation and<br>coordination (inter-ministerial, donor)   | Yes           |
|                   | 25-02-05    | Linking cash to other programs, information and services (information on essential family practices, livelihoods, psycho-social support, etc.)   | Yes           |
|                   | 25-02-06    | Social welfare workforce strengthening  – Case management, referral, capacity development  | Yes           |
|                   | 25-02-07    | Support to other social protection programs: Child care and early childhood development  | Yes           |
|                   | 25-02-08    | Support to other social protection programs – Universal health coverage/health insurance   | Yes           |
|                   | 25-02-10    | Support to cash transfer delivery by government system (humanitarian context)  | Yes           |
|                   | 25-02-11    | Delivery of cash transfers or voucher through new and/or parallel system (humanitarian context)  | Yes           |

| Result Area                         | SIC<br>code | Specific areas of intervention   | Gender<br>tag |
|-------------------------------------|-------------|--|---------------|
| Adolescent<br>empowerment           | 25-03-01    | System strengthening for adolescent participation and civic engagement (including in humanitarian settings)                        | Yes           |
|                                     | 25-03-02    | Adolescents participating in or leading civic engagement initiatives (including in humanitarian settings)                          | Yes           |
|                                     | 25-03-03    | Children and adolescent participating in the planning, implementation, monitoring and evaluation of UNICEF programmes              | Yes           |
|                                     | 25-03-04    | Development of multi-sectoral legislation/policies/strategies/action plans supporting development and participation of adolescents | Yes           |
| Non-gender-<br>discriminatory roles | 25-04-01    | Behavioural change communication campaigns on gender equitable roles and practices   | Yes           |
|                                     | 25-04-02    | Curriculum and/or training materials on gender roles and practices   | Yes           |
|                                     | 25-04-03    | Capacity Development for frontline workers on gender equality  | Yes           |
|                                     | 25-04-04    | Advocacy material on gender equality laws and policies   | Yes           |
|                                     | 25-04-05    | Gender programming – multisectoral   | Yes           |
|                                     | 25-04-99    | Technical assistance – Gender discriminatory roles and practices   | Yes           |

| Results Areas                     | Standard Output Indicators   | Gender<br>Tag |
|-----------------------------------|--|---------------|
| 25-02 Social<br>protection        | 2.1 Evidence: Existence of data and evidence on how social protection systems are responding to child poverty and deprivations (such as health, education, nutrition etc)  | 3             |
|                                   | 2.7 Data management: Social protection data management system developed (management information systems, social and beneficiary registries, M&E systems)   | 3             |
|                                   | 2.9 Cash transfers: Cash transfer system DESIGNED including expanding coverage and improving inclusion of children (e.g. design, targeting, beneficiary selection, cash delivery and overall financing).                             | 3             |
|                                   | 2.10 Cash transfers: Cash transfer system is being effectively IMPLEMENTED including the expanding coverage and improving inclususion of children (e.g. beneficiary identification, grievance mechanisms, cash delivery mechanisms). | 3             |
|                                   | 2.11 Other social protection programmes ARE adapted to address child poverty and deprivation (such as access to affordable child care, health insurance etc.)  | 2             |
|                                   | 2.13 Beneficiaries of cash transfers are linked with other programs information and services   | 2             |
| 25-03 Adolescent empowerment      | Existence of a multi-sectoral, adolescent policy/action plan (reflecting sectoral commitments for adolescents)   | 3             |
|                                   | Existence of a strengthened system for adolescent participation  | 3             |
|                                   | Number of adolescent girls and boys who completed a skills development programme   | 3             |
| 25-04 Gender discriminatory roles | Gender – Existence at scale legal frameworks focusing on promoting non-discrimination for girls and boys   | 3             |
| and practices                     | Gender – Existence at scale policy frameworks to promote non-discrimination for girls and boys   | 3             |
|                                   | Gender – Number of frontline child care workers trained with materials on gender roles and practices   | 3             |
|                                   | Gender – Number of frontline education workers/<br>teachers trained with materials on gender roles and<br>practices  | 3             |

| Results Areas | Standard Output Indicators   | Gender<br>Tag |
|---------------|--|---------------|
|               | Gender – Number of frontline humanitarian workers trained with materials on gender roles and practices   | 3             |
|               | Gender – Number of frontline social workers or child protection workers trained with materials on gender roles and practices   | 3             |
|               | Gender – Number of frontline WASH sector workers trained with materials on gender roles and practices  | 3             |
|               | Gender – Number of frontline workers (health/<br>nutrition/HIV sectors) trained with materials on gender<br>roles and practices  | 3             |
|               | Gender – Number of individuals in programme area reached with community-based IEC campaign with at least 50% messaging and interactive discussions on gender equitable roles and practices | 3             |
|               | Gender – Number of individuals in programme area reached with mass media campaign with at least 50% messaging and interactive discussions on gender equitable roles and practices          | 3             |
|               | Gender – Number of individuals in programme area reached with social media campaign with at least 50% messaging and interactive discussions on gender equitable roles and practices        | 3             |
|               | Gender -Existence at scale advocacy frameworks aimed at influencing laws and policies to promote non-discrimination for girls and boys   | 3             |

# **USEFUL RESOURCES**

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- "Save the Children's Child Protection Strategy 2013-2015: Children Without Appropriate Care," June 2013.
- "Specialised Foster Care for Unaccompanied and Separated Children in Serbia," 2017.
- "The Right of a Child to Live in a Family Environment. Every Last Child Campaign 2016-18/ Armenia." 2018.
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# **SECTION 2 TECHNICAL GUIDANCE**

This section is dedicated to guiding practitioners in conducting gender integration in programming.



#### **Gender Analysis Questions for an Assessment**

This set of guiding questions for conducting gender analysis can be consulted for an initial assessment, during the situational analysis phase, or at other moments during implementation to verify or validate gender integration. They could also be effective in evaluating results at mid-term or at the end of a programme. It may not always be possible to complete a full gender analysis; practitioners can pick and choose the themes they wish to probe.

For quick and easy reference to the sub-sections of the gender analysis questions, consider any of the following:



#### **Roles and Responsibilities Capturing**

- Roles and practices
- Time, space and mobility
- · Household and community division of labor
- Participation rates in different activities.



#### **Access to and Control Over Assets Capturing**

- Human assets
- Natural assets
- Social assets
- · Physical assets
- Financial assets
- Information



## **Beliefs and Perceptions Capturing**

- Influence
- Norms
- Decision making
- Expectations about appropriate behavior



# **Needs and Priorities Capturing**

- Practical and strategic needs
- Priorities
- · Opportunities and capacities
- Vulnerabilities



#### Institutions, Laws and Policies Capturing

- Policy and legal frameworks
- Due process
- Services



#### **Programming Checklist**

This checklist guides you through a series of issues for each of the phases of the programming cycle. While a proportion of the items are generic and repeat for all flagship result checklists to maintain consistency, they have still been adapted and others added to tailor the issues to be considered for this particular flagship result.

The checklist is designed to allow you to consult the phase or sub-section of immediate interest to your work. It is not intended as an exercise to be carried out in its entirety, even though this may be useful at the start of new programme.

See below for easy reference:



#### Step 1: Planning (Assessment and Analysis)

- Collect sex- and age-disaggregated data
- Situation and gender analysis/needs assessment
- · Identify gender issues
- Define interventions that reflect gender inequality gaps and needs



## Step 2: Programme Design

 Design a programme/project by planning human and financial resources needed for implementation of actions and monitoring progress



#### **Step 3: Implementation**

- Implement planned actions to transform gender equality
- Participation of all groups which are gender aware



#### **Step 4: Monitoring**

• Gender-sensitive monitoring using sex- and age-disaggregated data according to mechanisms set out in programme/project design stage



#### **Step 5: Evaluation**

- Evaluate outcomes using gender and human rights indicators
- Showing differentiated gender impacts



#### Step 6: Reporting

- Knowledge sharing (results and lessons learned)
- Inform future programmes/projects

# **GENDER ANALYSIS QUESTIONS FOR AN INITIAL ASSESSMENT**

It is recommended, to the extent of its relevance and importance, to pose the set of questions in relation to other socially excluded groups, such as children with disabilities, migrant and refugee adolescents, children left behind by parents who migrate, ethnic / linguistic minority groups, and children of single mothers. For some of the questions below, particular mention is made of one or more of these vulnerable groups, based on evidence from the region that the gender barriers are considerably higher for this population group than for others.

# **Roles and Responsibilities (Practices)**



#### Household **Activities**

- What are the demographic profiles What are the demographic profiles of the target populations (gender, disability status, ethnicity/linguistic group, age, migrant and displaced population status, percentage of female- and child-headed households, single mothers, household size, marriage age or age of union?
- What is the gendered division of labor: roles, activities, work and responsibility of women, men, girls and boys in the household (in a day, a week, a season)? Tasks can include the care of children, care of the aged, food production (including gardening, shopping, food preparation and cooking), fuel and water collection, education, health care, laundry and cleaning, house maintenance (structural), artisan and craft production, any other unremunerated and remunerated work/employment, and performance of social obligations.

How do women, men, girls and boys spend their time? In particular, what is the gender division of labor on unpaid care work?

- Who takes care of children (girls / boys) with disabilities? Who decides on the child's access to child care and basic services? Who decides whether the child goes to a state institution for care?
- Respectively, for what activities or tasks are women/girls and men/boys responsible? Are these by choice or prescribed by the community? What happens when individual girls or boys don't follow these norms of behavior?
- Where is the work done (location/ patterns of mobility)? Do women/ girls, especially young married girls, or men/boys have restrictions on their mobility? What restrictions? How do they influence women/girls' access to services and supportive social networks? Do children with disabilities have restrictions, due to social norms and how is it different for girls vs. boys?

- When is the work done (daily and seasonal patterns)? And how much time it takes? How much time do women/girls and men/boys devote to household chores?
- What is the average age of marriage and first pregnancy? Who decides at what age a girl or boy marries? What are the reasons for getting married at younger/older ages? Where do differences in average age of marriage lie - within regions of a country or between population groups?



# **Community Activities**

- What types of activities, meetings, associations and groups do women, men, girls and boys engage in? Do adolescent girls and boys have access to youth organizations that play a role in community life?
- What types of leadership roles do women/girls and men/boys play?
- · Spatially, within the community and beyond, where are women's/girls' and men's/boys' activities located?
- Do communities schools, local government, churches, and local NGOs – contribute on a routine basis to the welfare of vulnerable families in ways that prevent family separation in any way? And, if so, are their approaches free of gender or other forms of discrimination?



- · What are the rates of institutionalization and by sex, age, type of institution?
- What are the demographics of the children who are placed in institutional care?
- · What have been the rates of deinstitutionalization over the past 10 years and by sex, age, disability status, ethnicity?
- What are the other forms of alternative care available to children?
- Is there a predominance of girls vs. boys by type of institution?
- For children who have transitioned to other forms of care, what proportion have returned to their families, what proportion have gone to other alternative care, what proportion have gone to independent living (by sex and age, at a minimum)?
- What is the capacity and competency of the social service workforce and their case management for the transition to de-institutionalization and for prevention of institutionalization? In particular, in the various functions they play, how do they contribute to preventing the perpetuation of adverse gender norms and negative masculinities or to reinforcing them?
- What understanding do social workers and social protection professionals have of gender-based vulnerabilities (parents and children) and the drivers for child institutionalization?

#### **Access to and Control over Assets**



#### Household Resources

- What kind of resources do women/ girls and men/boys have access to, respectively? How does access to and control over assets and resources differ between women/girls and men/ boys?
  - · Financial?
  - Natural?
  - · Services?
  - Information?
  - Social capital?
  - · Knowledge?
- · What are the constraints and implications arising out of lack of control over or access to productive resources for those who lack such control and access?
- What do women and men own separately? What do they do with what they own to improve their own and their children's education? What do they own together?
- Do women and men have equal access to bank accounts?
- Respectively, are women's and men's assets equally liquid and transferrable?
- What are the broad income levels of the target population? Are there differences in income between females and males?

- What employment opportunities are open to women and men? Do women and men have equal chance of choosing any occupation (is there occupational gender segregation)? How do women's wages compare to men's?
- · Do women and men working at the same level and in the same cadres receive equal support and opportunities in terms of benefits, training, promotions and leadership opportunities?
- Do women/girls and men/boys have equal access to mobile phones, mass media, the use of apps, and the Internet?
- How do any of the access issues above differ for single mothers, young mothers, or mothers of ethnic/ linguistic minority groups?
- What kind of access to child care. education and other basic services do children with disabilities have? How is this different for girls vs. boys?



### **Community** Resources

 Do parents, young and/or working mothers especially, have access to day care for children in the community?



- Are services available in the community for vulnerable children (e.g., family centers) to prevent separation and abandonment and. if so, how are they helping young or single mothers in particular?
- · Are there family-based or communitybased care systems for children with disabilities or other vulnerable children? Are there foster families who care for children with disabilities or other vulnerable children? How is access different for girls vs. boys? And how are these services funded?
- What is the availability of social services and legal aid for women who experience intimate partner violence and for children who witness or experience violence?
- Are services for unaccompanied and separated children available in countries receiving refugees and migrants? Are they equipped to address the specific needs and vulnerabilities of girls vs. boys?
- What is the capacity of the social welfare system to support vulnerable children in situations of divorced or separated parents?
- Are gatekeeping services available to vulnerable families that will prevent family separation and, if so, how do they promote a more equitable sharing of caregiving responsibilities between mother and father?

 What forms of alternative care are available to different categories of vulnerable children, both in terms of the child characteristics and the parents' characteristics? Are these options gender-equitable in their response and do they take account of the gender barriers that are drivers for poverty and vulnerability?



#### **Access to Justice for** Children

- What is the quality and adequacy of justice for children in processing children victims and witnesses of crimes and children offenders? Are girls and boys treated appropriately for their age and their gender? How is it different for children of Roma ethnicity and for children with disabilities?
- What measures are being taken to prevent various forms of violence committed against girls and boys in detention and correctional institutions?

# **Beliefs and Perceptions (Norms)**



## Household and **Community**

- What are the social beliefs and perceptions that condition women's/ girls' (in particular, the notion of 'honor') and men's/boys' expectations and aspirations? For education, employment, marriage, divorce, having children out of formally recognized union, and family?
- How do these beliefs on gender roles influence expectations that parents have of boys and girls, and of girls vs. boys with disabilities?
- What are beliefs about:
  - Age of marriage for women/girls and men/boys?
  - · Adolescent girls' and boys' use of condoms and other contraceptives?
  - Sex for girls and boys prior to marriage or women outside of marriage?
  - · Children with disabilities and the beliefs about their causes?
- What are the gender norms that directly affect power relations and behaviors in a conjugal relationship? And what are the prevailing forms of gender-based violence?
- · What are the social norms around disability and how do gender norms affect children with disabilities?

- What adverse gender norms are specific to certain population groups, e.g., child marriage? And what are the trends in their practice and promotion (on the rise or decline)?
- What are the prevailing beliefs on institutional care for children and caregiver (female vs. male) responsibilities? Who become the caregivers when children are left behind?
- How does the community enforce gender norms and punish people when they do not conform to appropriate gender norms? How does this kind of social control affect women/girls and men/boys? What are the ways in which communities discriminate against women and girls (as well as men and boys)?
- What structures does the community use to make decisions about institutional care and alternative child care? Who participates in decisionmaking spaces? Do women and men have equal voice? How do young mothers especially participate?
- Which community norms and beliefs could influence women's and girls' participation in the programme activities? These norms and beliefs may include the following:
  - · Cultural exclusion from productive activities
  - Heavy participation in reproductive activities
  - · A strict division of labor projecting women as caretakers and men as breadwinners

- · Cultural or safety barriers to women/girls' mobility
- The practice of child marriage
- The unequal burden of unpaid care work on women



- What social norms and practices affect social worker and social protection professionals and their attitudes towards institutional care and the types of care that are appropriate for girls vs. boys?
- What social norms and practices affect social worker and social protection professionals and their attitudes towards disability and institutionalization of girls vs. boys with disabilities? Towards ethnic minority girls and boys?

- · How are young mothers, unwed mothers, divorced or single mothers viewed and treated by social worker and social protection professionals?
- When do health professionals and social care professionals encourage mothers to place their children in institutional care?
- How do parents (mothers and fathers) receive information that will help adapt current practices and myths around disability and around institutionalizing children? Do professionals also reach out to male caregivers and seek their engagement in care work?
- How do professionals educate parents (mothers and fathers) on prevention of violence against children and intimate partner violence?

#### **Needs and Priorities**



- What are the needs (both practical and strategic needs) of women, men, girls and boys and their priorities in child care, especially for children with disabilities or special needs? What are the needs of vulnerable families and single mothers? What are the particular needs of Roma families and mothers?
- Are women/girls and men/boys equitably involved in providing input into the design of child care institutions (inc. foster care) and what is needed to ensure their success and sustainability?
- How are girls and boys who have been in institutional care given an opportunity to provide input into alternative child care?
- What are the particular needs of refugee and migrant girls and boys in terms of child care and child protection?



- Do social care and social protection professionals have the competencies to recognize the underlying barriers to quality child care of young mothers, women victims of violence. and in families where children have experienced or witnessed violence? And are they competent in providing an appropriate response?
- Is the social care and social protection system equipped and adequately resourced to provide an appropriate response to these vulnerable groups? And is there an inter-sectoral coordination network in place?
- Are the needs of vulnerable girls given equal priority as the needs of vulnerable boys? Girls with disabilities vs. boys with disabilities? Roma girls vs. Roma boys?
- To what extent is there a gender balanced in the field of social work and social protection and in the judicial system as well?
- Do the institutions that become involved in justice for children have the capacity address the specific needs of girls vs. boys, including those who have been in institutional care?

#### Institutions, Laws and Policies



## **Legal System**

- How does the legal system treat women, men, girls and boys (i.e. due process and recognition of rights)?
- Do women and men, girls and boys have equal status under all national, regional and local laws?
- Do women and girls have rights to self-determination (e.g. divorce, property rights, custody of children, decisions about reproductive matters) and are they able to realize them?
- At what age do girls and boys attain adult legal status? What does this mean for girls and boys in terms of political participation, ownership of property, decisions about marriage?
- What is the legal age of marriage for girls and boys?
- · What are the laws around the obligation of father's paternity in case of divorce?

#### **Social Protection Laws and Policies**

- Are there standards on social protection that are inclusive of non-discriminatory practices and tolerance? Are the guidelines on alternative care of children genderresponsive?
- What are the policies on data requirements across the judicial,

health, social protection and social care systems and do they include sexdisaggregation?

- How are child protection reforms taking gender equality into consideration?
- Are there any laws or policies relating to more equitable sharing of responsibility of male and female caregivers in care work?
- If there are regulations on gatekeeping services, how is the screening incorporating attention to gender differences in children at risk and to gender barriers relating to caregivers?



#### Violence and **GBV** in Child Care Institutions

- What are the laws around prevention of violence against children and gender-based violence? How do they apply to children in institutional care?
- What legal redress do victims of violence in child care institutions have? Is there evidence of girls as victims seeking redress? And boys as victims?
- Who are the victims (age, gender, location) and perpetrators of violence? What kind of violence is most common? Are staff trained on GBV? Is there reporting system? Are police and social workers responsive to these forms of violence?

# PROGRAMMING CHECKLIST

# STEP 1

#### PI ANNING



NO. **OUESTIONS** DONE

#### I. ASSESSMENT

What is the context-specific situation of gender equality to the deinstitutionalization Flagship Result? Use Gender Analysis Questions in Annex 1 as guiding questions to conduct a gender analysis.

#### **DATA COLLECTION**

Conduct a desk review and informational interviews to collect and analyse sex- and age-disaggregated data and to understand the barriers, bottlenecks and opportunities related to the objectives of the programme in the target area by using:

- International gender inequality indices such as the UNDP's Gender Inequality Index (GII), the World Economic Forum's Global Gender Gap Index and the OECD's Social Institutions and Gender Index (SIGI)
- National surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Heath Surveys (DHS)
- UNICEF, UNFPA and other United Nations database
- Any surveys on violence against children and violence against women

• The latest country situation analysis for information on: 1.1

- the status of women and girls (e.g. workforce and political representation, health status and gender-based violence (GBV)); and
- the roles and policies of ministries and other institutions in addressing gender equality in alternative forms of child care and in child care reforms
- UNICEF Gender Programmatic Review (if one has been conducted), especially if de-institutionalizing programming was reviewed
- Gender equality goals and targets in the Country Programme Document (CPD)
- Latest country programme Mid Term and/or Annual work plan review report to understand any recent progress on gender equality in social care and social protection

0

| NO.  | QUESTIONS   | DONE |
|------|---|------|
|      | <ul> <li>Documents and assessments related to any existing gender-responsive social care and social protection programmes in the country or region</li> <li>Any evaluation of programmes to de-institutionalize child care that included an assessment of equity including gender dimensions</li> </ul>   |      |
| 1.2  | Identify if there is national level data disaggregated by sex, age, ethnicity, disability status, location, wealth quintile, migrant status, etc. on children in different forms of institutional care.   | 0    |
| 1.3  | Analyze key national social protection law and policy documents and assess if they address risks and vulnerabilities of girls vs. boys in being placed institutional care.  | O    |
| 1.4  | Assess the specific vulnerabilities of caregivers – especially Roma parents, single mothers, caregivers of children left behind, extremely poor parents, parents of children living with disabilities, and overlapping vulnerabilities – who are at risk of abandoning or placing their children in institutional care. Examine the differential vulnerabilities and care burden of female vs. male caregivers in the case of children with disabilities. | O    |
| 1.5  | Assess the roles and responsibilities of women and men in caregiving and in particular, in unpaid care work, the impact this has on their rights and opportunities, and on drivers for institutionalizing children.   | O    |
| 1.6  | Assess the role of violence – intimate partner violence and violence against children – and its links to substance abuse as a driver for abandoning or institutionalizing children.   | O    |
| 1.7  | Assess the effect of negative masculinities and adverse gender norms on the dysfunctioning of parenting and family dynamics as a driver in child institutionalization.  | O    |
| 1.8  | Consider how girls and boys in institutional care and their caregivers will be involved in the analysis of gender barriers relating to this programme. Identify the stakeholders whose views need to be taken into consideration, e.g., the Roma population, children with disabilities, parents of different socio-economic status, migrant parents, etc.  | O    |
| 1.9  | Ensure that the gender analysis team consists of a mix of women and men.  | O    |
| 1.10 | Explore issues of inequality, discrimination, violence, and rights violation as part of different population groups as part of the gender analysis.   | O    |
| 1.11 | Assess the situation of early pregnancy in the region and its relation to child abandonment   | O    |

| NO. | QUESTIONS | DONE |
|-----|-----------|------|
|     |           |      |

#### II. Analysis

What barriers and opportunities prevent or enable gender-equal rights for (a) girls and boys at risk of being institutionalized and (b) girls and boys in residential care to be given an alternative? Analyze the impacts of gender constraints and opportunities to achieve the programme's objectives. Where feasible include a gender specialist/focal point in the analysis

| feasible, include a gender specialist/focal point in the analysis. |   |   |
|--|---|---|
| ENABLING ENVIRONMENT   |   |   |
| 1.12   | Conduct an analysis of the root causes, barriers and opportunities for children (girls and boys) who are institutionalized from being given an alternative, and the same for girls and boys at risk of being placed. Besides the barriers linked to the family situation, consider also the access to social assistance or other types of social care, education, health, legal redress in situation of violence, and support services in the case of children with disabilities.   | • |
| 1.13   | Collect and analyze data on the gender barriers that exist within the household and the communities to which the children (institutionalized or at risk) belong.  | 0 |
| 1.14   | Collect and analyze data on the gender disparities or forms of discrimination that exist within the child care institutions and aforementioned services, especially social care and social protection.  | 0 |
| 1.15   | Analyze the prevalence of adverse gender norms – early marriage, intimate partner violence, violence against children, stigmatization and relinquishing support to unwed or teenage mothers – among those families that have placed their children in institutional care.   | 0 |
| 1.16   | <ul> <li>Draw conclusions from analysis of information regarding factors that contribute to:</li> <li>Gender differentials among children in institutional care (and by age, ethnicity, and disability status)</li> <li>Constraints to gender-equal access to education, employment or social services for children leaving institutional care (and by age, ethnicity, and disability status)</li> <li>Access to social services or assistance to different categories of caregivers with children who have been institutionalized or are at risk (female vs. male, single mothers vs. single fathers, young mothers, male vs. female caregivers who have assumed responsibility for children of migrant parents, etc.)</li> <li>All of the above should also be applied to populations and regions that are excluded or considered the most vulnerable.</li> </ul> | 0 |

| NO.    | QUESTIONS   | DONE |
|--------|---|------|
| 1.17   | Analyze if there are any other gender-related bottlenecks to reducing the number of children in residential care that might diminish the effectiveness of the programme design.   | 0    |
| 1.18   | Analyze if there are systemic funding constraints for national entities that limit capacity to provide social protection, care and support for vulnerable priority populations thereby hindering progress.  | O    |
| 1.19   | Analyze if promising approaches exist that can be scaled-up or investigated further.  | O    |
|        | SUPPLY  |      |
| 1.20   | Facilitate institutional, human resources and budget analysis; conduct an analysis of stakeholders, such as non-profit organizations working in alternative child care, social care and social protection and in combatting violence against women and children; and of existing coordination mechanisms across government, civil society and partner networks. | •    |
| 1.21   | Analyze what critical commodities are lacking within the delivery process of alternative forms of child care to girls and boys, especially those with disabilities and Roma children.   | 0    |
| 1.22   | Identify the resource gaps for disadvantaged female caregivers that prevent access to social services, social protection, and employment opportunities that would deter them from abandoning or relinquishing support of their children.  | 0    |
| 1.23   | Identify any resource gaps in services (social assistance, social protection, alternative child care) that might create a disproportionate impact on girls and/or boys at risk of being placed or for providing an alternative to those in institutional care. Include a breakdown for children with disabilities and from Roma families.                       | O    |
| DEMAND |   |      |
| 1.24   | Identify social norms, practices, beliefs, behaviors, and perceptions that lower demand for an equal education and equal opportunity for development of girls and boys (and by disability status, ethnicity).   | O    |
| 1.25   | Identify what gender barriers along the continuum of care for children might discourage girls or boys from furthering their development or achieving their potential. Assess the gender-responsivenss of institutional care facilities, such as the infrastructure, female staff, commodities, etc.   | O    |

| NO.  | QUESTIONS  | DONE |  |
|------|--|------|--|
|      | QUALITY  |      |  |
| 1.26 | Analyze gaps in quality standards in the current system of institutional care that may reinforce gender inequalities and gender bias including a response mechanism to violence. | O    |  |
| 1.27 | Analyze gaps in quality standards in the proposed alternative child care that may reinforce gender inequalities and gender bias.   | O    |  |

## **PROGRAMME DESIGN**



| NO. | QUESTIONS   | DONE |
|-----|---|------|
|     | PRIORITISED ISSUES AND AREAS  |      |
| 2.1 | Make sure that the identified gender issues fall into the GAP 2018-2021 targets (either integrated gender results or targeted priorities) and UNICEF's Strategic Plan 2018-2021 goals.  | •    |
| 2.2 | Identify entry points in UNICEF programming to address gender barriers related to this Flagship Result, as identified in the analysis phase. Ask the following questions:  • What is UNICEF's mandate within the social protection focus area?  • What needs can be met by other UNICEF focus areas (e.g. health, education, adolescent participation)?  • Include a gender specialist/Focal Point as well as beneficiaries (girls and boys) in the programme design and objective setting. | •    |
| 2.3 | Identify what gender responsive results that the programme aims to achieve and how to achieve them based on UNICEF's comparative advantage and mandate, resources and capacity to act effectively and ability to address issues that other organizations are not willing or able to do.   | 0    |
| 2.4 | Ensure that the logical framework addresses the underlying reasons for gender discrimination and gender barriers relating to both caregivers and to children. These needs and priorities should align with the findings from the gender analysis.   | •    |
| 2.5 | Identify why gender issues that were previously identified are not yet addressed, why the immediate and underlying causes persist and the possible risk factors that may exacerbate existing gender issues.   | 0    |
| 2.6 | Identify and harmonize the programme through collaboration with existing national programmes to address gender inequality issues as they relate to child care reforms and de-institutionalization (e.g., initiatives to reduce violence against women and early pregnancy).   | 0    |
| 2.7 | Ensure national legislation and policy frameworks on child care consider the direct and indirect impacts on gender norms, roles, responsibilities and relations.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.8  | Consider the main recommendations for the country made by CEDAW, CRC and UPR on gender equity in social protection.  | O    |
| 2.9  | Give due attention to gender inequalities among all types of vulnerable children – by ethnicity, disability, age, and background characteristics of parents.   | 0    |
|      | GOALS  |      |
| 2.10 | Identify the major objectives to be achieved in terms of gender-<br>responsive strategies to realize the equal right of girls and boys to<br>grow up in a supportive and caring family environment and for those<br>in institutional care, to have the chance to transition to family and<br>community-based care. This includes unaccompanied adolescents<br>(girls and boys) on the move and those seeking asylum.                   | O    |
|      | OUTCOMES   |      |
| 2.11 | Emphasize a human rights-based, gender-transformative and inclusive approach to family and community-based care for all children.  | O    |
|      | OUTPUTS  |      |
| 2.12 | Ensure outputs are planned with the relevance and benefits in mind for both women and men or girls and boys to achieve outcomes in the programme.  | O    |
| 2.13 | Formulate outputs to reflect the gender-responsive approach to programme interventions.  | O    |
|      | ACTIVITIES   |      |
| 2.14 | In consultation with community members (especially women and girls from the most marginalized communities), identify the specific sets of actions that need to be taken at the household, community and state level to change prevailing gender norms pertaining to the practice of child institutionalization and to adverse gender norms underlying conflictual or dysfunctional family dynamics driving child institutionalization. | o    |
| 2.15 | Engage men and boys as supportive partners in child care and care work, and work with them to challenge attitudes and behaviors that perpetuate gender inequalities. Provide programmes aimed at engaging men as caregivers and in support of ending gender-based violence and other forms of violence. Explore UNICEF's role on enforcing child support payments in case of separation and divorce.                                   | •    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.16 | Consider different entry points to support young vulnerable, and often single, mothers at risk of abandoning their children to access the necessary social assistance, health services, or other types of service needed for prevention.   | •    |
| 2.17 | Pursue activities that support parents challenged by child care to prevent family breakdown and child institutionalization that includes connecting them to specialist services.   | 0    |
| 2.18 | Support girls and boys who are in institutional care to protect them against violence, neglect and abuse and help them gain access to child-friendly, gender-sensitive justice.  | 0    |
| 2.19 | Develop community-based activities that are aimed at keeping families together, such as day care, respite care and parenting programmes to support new parents and children with disabilities. Parenting programmes should seek to raise consciousness on the harmful effects of negative masculinities.   | 0    |
| 2.20 | Build the capacity of social workers, health personnel, the justice system, and social protection staff to recognize and address gender bias in their approach to caregivers and children.   | 0    |
| 2.21 | Ensure activities are accessible to women, men, girls and boys in terms of quality, design, adequate access, appropriate technology and access and cultural acceptability.   | 0    |
| 2.22 | Assess if additional activities are necessary to more directly promote gender equality.  | 0    |
|      | TARGET BENEFICIARIES   |      |
| 2.23 | Ensure women, men, girls and boys benefit from the programme, except where interventions specifically target women, men, girls and/ or boys.   | 0    |
| 2.24 | Given the equity focus needed, ensure that girls and boys from different excluded groups are targeted: with disabilities and special needs; from ethnic or linguistic minority groups; the very poor or in difficult life circumstances; children on the move; migrants and refugees; those affected by conflict and disaster; and those who have been left behind by migrant parent(s). | 0    |
| 2.25 | Transform attitudes within the society by working with: (i) family, child care workers, health staff, education staff, and community members (ii) men and boys in general and (iii) media regarding the importance of girls' and boys' right to a supportive and caring family environment and to child-friendly, non-discriminating justice for children.                               | •    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.26 | Transform attitudes that stigmatize (a) young, unwed or single mothers, especially from the Roma population; and (b) girls and boys with disabilities.  | O    |
| 2.27 | Target parents, especially fathers, to promote positive parenting practices and their engagement and interest in their children's wellbeing and development. Get them involved in issues relating to the child's health and development. Promote participation of both mothers and fathers in caregiving and in ensuring the children's right to a supportive and caring family life. | O    |
| 2.28 | Target girls and boys in institutional care to prevent and respond to all forms of violence, abuse and neglect and to transition them to family-and community-based care.   | 0    |
| 2.29 | Target young vulnerable mothers at risk of abandoning their children due to financial difficulties, lack of family support, and an unsustainable care burden.   | O    |
|      | IMPLEMENTATION  |      |
| 2.30 | Identify who will implement the intervention and if the implementing partners are gender competent. Identify if partners have a gender equality policy or strategy to implement the programme and been trained on gender equality issues.   | 0    |
| 2.31 | Involve gender experts/focal persons, women's and girls' rights organizations and machineries in programme implementation.  | O    |
| 2.32 | Confirm if the required gender and sectoral capacity exists within UNICEF and if there are resources available to fill expertise gaps.  | O    |
| 2.33 | Consider the needs for additional gender-related capacity building or engagement of outside gender experts. Ensure experts are skilled in applying an intersectional approach and a strategy for men and boys' engagement.  | O    |
| 2.34 | As far as possible, employ an equal number of women and men in the programme. Ensure an equal distribution between women and men of significant and appropriate roles.  | 0    |
| 2.35 | Assess if the data of executing agency's monitoring system or Management Information System (MIS) is disaggregated by sex, age, disability status, ethnicity and other demographic variables. Conduct a review if necessary.  | O    |

| NO.  | QUESTIONS   | DONE |  |
|------|---|------|--|
|      | MONITORING AND EVALUATION (M&E)   |      |  |
| 2.36 | Devise a gender-responsive monitoring and evaluation (M&E) framework with a gender perspective to track outcomes on the programme with specific strategies to collect M&E data disaggregated by sex, age, disability status, ethnicity, wealth quintile, religion, location, etc. | •    |  |
| 2.37 | Ensure monitoring and evaluation (M&E) examines both the content and process from a gender sensitive point of view.   | O    |  |
| 2.38 | Build in mechanisms of monitoring and evaluation, including gender auditing and the examination of gender-biased practices within child care institutions.  | O    |  |
|      | INDICATORS  |      |  |
| 2.39 | Establish clear benchmarks and gender-disaggregated indicators in social protection and related sectors and ensure these are reflected in the M&E plans of the programme. Ensure indicators are SMART (specific, measurable, attainable, locally relevant and time-bound).        | 0    |  |
| 2.40 | Ensure that gender-sensitive indicators have been developed to measure progress towards the fulfillment of each objective with disaggregated baselines. Refer to the GAP indicators in the relevant section of this guidance.   | 0    |  |
| 2.41 | Assess if targets are set to guarantee a sufficient level of gender balance in activities (e.g. quotas for female and male participation) and special efforts are made to recruit participants from the underrepresented sex or groups.   | O    |  |
| 2.42 | Ensure that indicators capture qualitative as well as quantitative changes in the lives of women, men, girls and boys as well as child development for both girls and boys.   | O    |  |
|      | PARTNERSHIP   |      |  |
| 2.43 | Determine synergistic action necessary at different levels including household, community, schools, national ministries and policy makers.  | O    |  |
| 2.44 | Integrate a strategy for development of national capacity in implementation. Enable relevant ministries to provide leadership and capacity to promote gender equality in child care institutions and alternative forms of child care.   | C    |  |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.45 | Work with governments and partners to develop national plans for de-institutionalization and child care reforms that include addressing gender-based drivers behind the perceived need to institutionalize children. Ensure national laws prohibit all forms of violence, including GBV.  | O    |
| 2.46 | Identify key partners in implementing the programme, including national ministries, NGOs, INGOs, local/community-based organizations, advocacy groups and change agents. Partner with women's and youth's civil society organizations (CSOs) that have experience in (a) supporting parents and children's right to grow up in safe, secure and loving environments and (b) women/mothers, boys and girls exposed to or having experienced violence. Identify partners with experience in men and boys' engagement and in transforming negative masculinities. Assess the capacity of all partners for gender-responsive planning, implementation and monitoring. | O    |
| 2.47 | When planning for support to training professionals, for example government officials and care workers, ensure that training on gender equality, gender socialization and gender-based violence (GBV) is included and equally accessible to females and males. Include gender specialist/focal point in designing and implementing the training.  | 0    |
| 2.48 | Consider how health, social welfare, and social protection can empower parents to understand equal rights of women and men, girls and boys.   | O    |
| 2.49 | Work with key partners, including UNFPA, the European Union, the World Bank and other organizations to support investment in reforms around de-institutionalizing child care and in services that will prevent separation of children from parents.   | 0    |
| 2.50 | Identify the potential for supplementary intersectoral programmes involving health, education, nutrition, WASH, social policy, C4D, work with adolescents, as well as the other Flagship Results and ensure gender focal person/adviser are engaged to maximize the results.  | O    |
|      | RISKS AND ASSUMPTIONS   |      |
| 2.51 | Analyze if stereotypes or structural barriers are preventing the full participation of women and girls (or men and boys) in the programme and think how the programme deals with stereotypes and barriers.  | O    |
| 2.52 | Assess the political will of national governments and state institutions to undertake reforms that include a wider lens on addressing gender inequalities.  | O    |

| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 2.53 | Identify the possible backlash to women and girls, and any risk factors that may be associated with programme implementation (e.g. potentially increased burden on women and girls, aggressive reactions of men and boys, etc.), and think of strategies to deal with them.                | 0    |
| 2.54 | Assess any other gender-related bottlenecks that may reduce the effectiveness of the programme design.   | O    |
|      | RESOURCES  |      |
| 2.55 | Identify if the priority falls into the programme that is or will be substantially funded.   | O    |
| 2.56 | Allocate sufficient human, financial and material resources for gender-responsive activities related to the programme.   | O    |
| 2.57 | Identify if there are resource mobilization opportunities (internal and external) that will enable sustainable funding.  | O    |
| 2.58 | Ensure resources allocated for selected gender-responsive programming actions are linked to UNICEF programme and accounting code. Select relevant gender Specific Intervention Codes (SIC) and Gender Equality Markers (GEM) in VISION to track progress.                                  | 0    |
| 2.59 | Allocate funds for a men and boys' engagement strategy in promoting gender equality and the right to violence-free environments for children over the life course.   | 0    |
| 2.60 | Promote gender-budgeting in national budgets for social care, health, and social protection.   | O    |
|      | COMMUNICATION AND KNOWLEDGE MANAGEMENT (See also earlier section on Activities.)   |      |
| 2.61 | Ensure that women, men, girls and boys participate in the programmes are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.   | 0    |
| 2.62 | Mobilize communities through outreach and awareness programmes by addressing gender barriers (pertaining especially to single mothers) in accessing support to prevent separation of children and gender inequalities affecting children in institutional care or at risk of being placed. | •    |
| 2.63 | Identify and assess the effectiveness of social media/social marketing as a medium and strategy to shift gender-biased perceptions and beliefs to incorporate such a component in programme design.  | 0    |
| 2.64 | Ensure mechanisms are in place to record good practices, examples, lessons learned on gender mainstreaming in the programme.   | O    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 2.65 | Develop communication campaigns that are aimed at addressing harmful social norms that are related to gender or to excluded groups (e.g., disability, ethnicity).   | O    |
|      | INNOVATION  |      |
| 2.66 | Promote partnerships with private sector, academia and NGOs for innovative solutions to solve identified gender challenges and to reach most hard-to-reach women and girls such as those with disability, from minority populations, those left behind, and in emergency context. | 0    |
| 2.67 | Explore opportunities to make use of social media, digital applications, and distance learning to reach more at-risk girls and boys, especially those with disabilities.  | 0    |
| 2.68 | Seek entry points for embedding positive gender socialization in programming, e.g., with parents, social protection staff, other service providers, institutional care staff, etc.  | 0    |

## **IMPLEMENTATION**



| NO.  | QUESTIONS  | DONE |
|------|--|------|
| 3.1  | Identify and implement required activities to achieve the proposed gender outputs and outcomes as outline in the programme.  | O    |
| 3.2  | Review the results of programme implementation and make sure that findings correspond to the gender-related activities that have been planned. If not, adopt the activities to make sure they correspond to actual needs.  | 0    |
| 3.3  | Identify any changes observed to empower women and girls as well as men and boys through awareness raising and improved knowledge.   | O    |
| 3.4  | Ensure the programmes are participatory and inclusive in a way that includes parents (especially fathers) and community members in assuming responsibility for ensuring child care for all girls and boys from all backgrounds.  | 0    |
| 3.5  | Create opportunities for women, men, girls and boys to speak freely without judgment, and develop programmes that support empowerment to avoid discriminatory practices hindering women's and girls' participation in decision-making processes.   | 0    |
| 3.6  | Update policies/strategies, guidelines and bylaws on social protection and child care to incorporate the promotion of gender equality (together with training and promotion programmes, operational guidelines, etc.) and to pay special attention to fathers' engagement in child care. | 0    |
| 3.7  | Conduct evidence-based advocacy to ensure national legislation and policy frameworks on child care reform considers the direct and indirect impacts on gender norms, roles, responsibilities and relations.  | 0    |
| 3.8  | Track implementation approaches, partners, input requirements and time required to best carry out gender-responsive activities for the programme. Ensure that commitments and actions are documented, followed and reported in a timely manner.  | •    |
| 3.9  | Ensure gender inequalities are regularly reviewed and addressed for programme implementation through meetings with a team and partners. Conduct a gender analysis when necessary.  | •    |
| 3.10 | Make sure that working partners have adequate skills to integrate a gender equality perspective into the programme and with a minimum gender bias.   | 0    |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 3.11 | Define and mobilize collaborative efforts and strategies with all partner organizations.  | 0    |
| 3.12 | Assess whether there is equitable participation (in all activities including decision making) of women, men, girls and boys in the implementation, depending on the programme's intended beneficiaries. If imbalances are identified, take appropriate measures to ensure the full participation of all beneficiary groups. | 0    |
| 3.13 | Ensure that data and data analysis portray the situation of the most marginalized.  | O    |
| 3.14 | Conduct a regular programme review to assess whether the programme is making full use of women's, men's, girls' and boys' capacities.   | O    |
| 3.15 | If mitigation measures for gender-based risks including violence were included in programme design, ensure that they are being implemented.   | 0    |
| 3.16 | Assess if any gender issues have arisen that were not identified at the programme design stage. Consider how they can be addressed.   | O    |
| 3.17 | Establish information sharing mechanisms with/between partner organizations and affected communities focusing on gender inequalities in social protection. Ensure actors liaise with actors in other sectors (i.e. health, education, nutrition, WASH, C4D, adolescent empowerment, etc.) to share best practices.          | 0    |

## **MONITORING**



| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 4.1  | Make sure a set of interventions designed in the programme are being implemented as planned to use the monitoring and evaluation (M&E) plan.  | 0    |
| 4.2  | Ensure activities are leading to expected results. Assess the cost-effectiveness of interventions.  | 0    |
| 4.3  | Measure and monitor the separate effects on women, men, girls and boys and the changes in women's and men's, girls' and boys' involvement and their access to support services.   | 0    |
| 4.4  | Ensure that all data collected is disaggregated by sex, age, ethnicity, disability status, wealth quintile, location, etc.  | O    |
| 4.5  | Ensure that voices of participation of national and sub-national institutions, partner agencies and affected communities and their equitable participation are involved in the collection of information.   | 0    |
| 4.6  | Collect and analyze data to identify any gender gaps in access, participation or benefit for beneficiary groups in the programme.  Ensure women and men, girls and boys are accessing programme benefits equally. Undertake observation/spot checks to identify early potential problems or negative effects. | 0    |
| 4.7  | If gender gaps are identified, investigate why these gaps are happening including identifying any root causes at different levels, both downstream and upstream.  | •    |
| 4.8  | Address the specific identified root gender-based causes that still contribute to disparity between girls and boys in accessing appropriate and high-quality child care.  | O    |
| 4.9  | Undertake corrective actions as needed to adjust interventions based on monitoring results to address gender inequalities.  | O    |
| 4.10 | Analyze if any adjustments need to be made to scale-up the programme components that are responsive to change, or curtail those that appear to raise the risks of reinforcing negative trends in gender inequalities  | O    |

## **EVALUATION**



| NO.  | QUESTIONS   | DONE |  |  |
|------|---|------|--|--|
| 5.1  | Assess if all the proposed activities have been carried out in the manner outlined in the programme's implementation plan and are leading to expected results. Identify what were the key contributing factors results in these accomplishments.  |      |  |  |
| 5.2  | Identify to what extent the intervention is responsible for the measured or observed changes and if they can be scaled up. Assess if interventions were affordable and cost-effective.  |      |  |  |
| 5.3  | Assess if results delivered to all key stakeholders (including women/men, girls/boys) who were affected by the gender inequality in social protection.  |      |  |  |
| 5.4  | Evaluate the extent to which girls and boys from all demographic groups have gained equal access to a supportive and caring family environment. Record what data sources and methodologies are used to ascertain that.  | 0    |  |  |
| 5.5  | Analyze positive shifts in girls' and boys' development and wellbeing as a result of programme interventions.   | O    |  |  |
| 5.6  | Assess how positive changes in the care environment – less violence, abuse and neglect – affect girls' and boys' development.   |      |  |  |
| 5.7  | Analyze how interventions contributed to achieve the desired impact in terms of changing knowledge, awareness, participation, decision making and behaviors among women, men, girls and boys as a result of providing alternative forms of child care and support to parents.   | •    |  |  |
| 5.8  | Involve parents, other community members, institutional and government staff in identifying criteria for the evaluation, collecting and recording data, organizing workshops to analyze the findings, and reviewing evaluation findings to ensure their buy in, responsibility and accountability to ensure results on the programme are sustained beyond the programme duration. | 0    |  |  |
| 5.9  | Use a combination of female and male evaluators where possible.   | C    |  |  |
| 5.10 | Assess what difference the programme made for the indirect beneficiaries.   | O    |  |  |

| NO.  | QUESTIONS   | DONE |
|------|---|------|
| 5.11 | Analyze what challenges have been encountered along the way (e.g. integrated programmes, multisectoral work and partnerships, technical guidance from Headquarter and Regional Office, scale up, knowledge generation and use, community resistance to social norm change). | •    |
| 5.12 | Identify if there are any examples of unintended gender-related outcomes.   | 0    |
| 5.13 | Consider what potential workarounds or solutions are planned or being planned to address the further challenges.  | O    |
| 5.14 | Assess what unique opportunities exist in the country to see a further improvement in removing gender barriers as drivers to child institutionalization.  | 0    |
| 5.15 | Collect and analyze disaggregated data on an annual basis to understand the trends and patterns in child care reforms.  | O    |
| 5.15 | Ensure the evaluation include concrete recommendations for follow-<br>up initiatives. Identify what evidence of progress is available on<br>country reduction of gender gaps in social protection and social care.  | O    |

## **REPORTING**



| NO. | QUESTIONS   | DONE |
|-----|---|------|
| 6.1 | Document lessons learned, and best and innovative practices related to gender mainstreaming in child protection for learning, communications, advocacy and funding. Include gender gaps, barriers or opportunities to which UNICEF was unable to respond to as well as those that were successfully addressed in the programme. | 0    |
| 6.2 | Ensure all data reported on is disaggregated by sex, age, wealth quintile, location, religion, ethnicity, disability status, etc.   | O    |
| 6.3 | Consider how and to whom to communicate the results of the initiatives.   | O    |
| 6.4 | Disseminate the gender-related results of the programme to government authorities, donors, partners, beneficiaries and the general public. Very often, many great accomplishments on gender equality are being realized, but are not communicated beyond the implementing organization and/or partners.                         | 0    |
| 6.5 | Strengthen national social / child protection data information systems and national statistical offices to be gender-responsive as an important basis for building evidence generation on gender equity and knowledge sharing.  | 0    |
| 6.6 | Refer back to gender analysis and capture and report on how the programme has addressed gender inequalities in the knowledge management process and system. It is important to house the gendered learnings so they can be shared and used to inform development of new programming.  | 0    |
| 6.7 | Use key gender gaps or opportunities that have been identified but were not able to be addressed during programme implementation as the basis to inform the design of future programmes.  | •    |
| 6.8 | Use innovative technology platforms to communicate messaging or implement accountability and feedback mechanisms for reporting.   | O    |



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# ANNEX GLOSSARY OF TERMS AND CONCEPTS



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#### AA-HA! Accelerated Action for the **Health of Adolescents**

A global partnership, led by WHO and of which UNICEF is a partner, that offers guidance in the country context on adolescent health and development and puts a spotlight on adolescent health in regional and global health agendas.

#### Adolescence

The second decade of life, from the ages of 10-19. Young adolescence is the age of 10-14 and late adolescence age 15-19. This period between childhood and adulthood is a pivotal opportunity to consolidate any loss/ gain made in early childhood. All too often adolescents - especially girls - are endangered by violence, limited by a lack of quality education and unable to access critical health services 1 UNICEF focuses on helping adolescents navigate risks and vulnerabilities and take advantage of opportunities.

#### **Adolescent Health in All Policies** (AHIAP)

An approach to public policies across sectors that systematically takes into account the implications of decisions for adolescent health, avoids harmful effects and seeks synergies - to improve adolescent health and health equity. A strategy that facilitates the formulation of adolescent-responsive public policies in all sectors, and not just within the health sector.2



#### **Discrimination** (gender discrimination)

"Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field" [United Nations, 1979. 'Convention on the Flimination of all forms of Discrimination Against Women,' Article 1].

Discrimination can stem from both law (de jure) or from practice (de facto). The CEDAW Convention recognizes and addresses both forms of discrimination. whether contained in laws, policies, procedures or practice.

- de jure discrimination e.g., in some countries, a woman is not allowed to leave the country or hold a job without the consent of her husband.
- de facto discrimination e.g., a man and woman may hold the same job position and perform the same duties, but their benefits may differ.



#### **Empowerment**

Refers to increasing the personal, political, social or economic strength of individuals and communities. Empowerment of women and girls concerns women and girls gaining power and control over their own lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.

The core of empowerment lies in the ability of a person to control their own destiny. This implies that to be empowered women and girls must not only have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but they must also have the agency to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (such as is provided through leadership opportunities and participation in political institutions).<sup>3</sup>



#### **Gender Action Plan (GAP)**

The UNICFF Gender Action Plan serves to reinforce the commitments to gender found in the organization's

periodic strategic plans. The first GAP covered the five-year period 2014-2017 and the second GAP will cover 2018-2021. The document specifies how UNICEF intends to promote gender equality across all of the organization's work at global, regional and country levels, in alignment with the UNICEF Strategic Plan. The 2018-2021 GAP also serves as UNICEF's roadmap for supporting the achievement of gender equality goals as outlined in Agenda 2030 and the Sustainable Development Goals (SDGs) during the period.

#### Gender

A social and cultural construct, which distinguishes differences in the attributes of women and men, girls and boys, and accordingly refers to the roles and responsibilities of women and men. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is useful in analysing how commonly shared practices legitimize discrepancies between sexes.4

#### **Gender accommodating**

Similar to the concept of gender sensitivity, gender accommodating means not only being aware of gender differences but also adjusting and adapting to those differences. However, gender accommodating does not address the inequalities generated by

unequal norms, roles and relations (i.e., no remedial or transformative action is developed).

#### **Gender analysis**

A critical examination of how differences in gender roles, activities, needs, opportunities and rights/ entitlements affect women, men, girls and boys in certain situations or contexts. Gender analysis examines the relationships between females and males and their access to and control of resources and the constraints they face relative to each other. A gender analysis should be integrated into the humanitarian needs assessment and in all sector assessments or situational analysis to ensure that genderbased injustices and inequalities are not exacerbated by humanitarian interventions, and that when possible. greater equality and justice in gender relations are promoted.5

#### Gender balance

This is a human resource issue calling for equal participation of women and men in all areas of work (international and national staff at all levels, including at senior positions) and in programmes that agencies initiate or support (e.g. food distribution programmes). Achieving a balance in staffing patterns and creating a working environment that is conducive to a diverse workforce improves the overall effectiveness of policies and programmes and enhance agencies' capacity to better serve the entire population.6

#### Gender-based constraints

Constraints that women or men face that are a result of their gender. An example of constraints women farmers face might be not having title to their land, male dominated cooperative membership, being more tied to their homes preventing access to extension services. Constraints that are not based on gender are referred to as general constraints 7

#### Gender-based violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings and widow inheritance.8

#### Gender-based violence in emergencies (GBViE)

In emergencies, such as conflict or natural disasters, the risk of violence, exploitation and abuse is heightened, particularly for women and girls.9 At the same time, national systems and community and social support networks may weaken. An environment of impunity may mean that perpetrators are not held to account. Pre-existing gender inequalities may be exacerbated.

Women and adolescent girls are often at particular risk of sexual violence. exploitation and abuse, forced or early marriage, denial of resources and harmful traditional practices. Men and bovs may also be survivors. GBV has significant and long-lasting impacts on the health and psychological, social and economic well -being of survivors and their families 10

#### Gender bias

Making decisions based on gender that result in favoring one gender over the other which often results in contexts that are favoring men and/or boys over women and/or girls.

#### Gender-biased sex selection

"Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys. The biologically normal sex ratio at birth ranges from 102 to 106 males per 100 females. However, ratios higher than normal - sometimes as high as 130 – have been observed. This is now causing increasing concern in some South Asian, Fast Asian and Central Asian countries."11 (See: son preference.)

#### Gender blindness

The failure to recognize that the roles and responsibilities of men/boys and women/girls are given to them in

specific social, cultural, economic and political contexts and backgrounds. Projects, programmes, policies and attitudes which are gender blind do not take into account these different roles and diverse needs, maintain status quo, and will not help transform the unequal structure of gender relations 12

#### **Gender disparities**

Statistical differences (often referred to as "gaps") between women and men. girls and boys that reflect an inequality in some quantity.

#### **Gender equality**

The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of women and men, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender equality implies that the interests, needs and priorities of both women and men and girls and boys are taken into consideration,

recognizing the diversity of different groups and that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes and prejudices about gender roles. Gender equality is a matter of human rights and is considered a precondition for, and indicator of, sustainable peoplecentred development.

#### **Gender equity**

The process of being fair to women and men, girls and boys and importantly the equality of outcomes and results. Gender equity may involve the use of temporary special measures to compensate for historical or systemic bias or discrimination. It refers to differential treatment that is fair and positively addresses a bias or disadvantage that is due to gender roles or norms or differences between the sexes. Equity ensures that women and men and girls and boys have an equal chance, not only at the starting point, but also when reaching the finishing line. It is about the fair and just treatment of both sexes that takes into account the different needs of the women and men, cultural barriers and (past) discrimination of the specific group.13

#### **Gender equality programming**

An umbrella term encompassing all strategies to achieve gender equality. Important examples include gender mainstreaming, gender analysis, prevention and response to genderbased violence and sexual exploitation and abuse, promotion and protection of human rights, empowerment of women and girls and gender balance in the workplace.

#### Gender gap

Disproportionate difference between women and men and girls and boys, particularly as reflected in attainment of development goals, access to resources and levels of participation. A gender gap indicates gender inequality.

#### **Gender indicators**

Criteria used to assess gender-related change in a condition and to measure progress over time toward gender equality. Indicators used can be quantitative (data, facts, numbers) and qualitative (opinions, feelings, perceptions, experiences).

#### **Gender integrating/mainstreaming**

A strategy to accelerate progress on women's and girls' rights and equality in relation to men and boys. This is the chosen approach of the United Nations system and international community toward implementation of women's and girls' rights, as a sub-set of human rights to which the United Nations dedicates itself. Gender equality is the goal. Gender mainstreaming is the process of assessing the implications for women and men and girls and boys of any planned action, including legislation, policies and programmes. It is a strategy for making women's and girls', as well as men's and boy's concerns and experiences an

integral dimension of the design, implementation, monitoring and evaluation of policies and programmes so that women and men and girls and boys benefit equality, and inequality is not perpetuated.14

#### **Gender neutral**

Anything – a concept, an entity, a style of language - that is unassociated with either the female or male gender. The nature of systemic and embedded or internalized bias is such that. unfortunately often, what is perceived to be gender neutral is in fact gender hlind 15

#### **Gender norms**

Accepted attributes and characteristics of female and male gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how women and men should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.16

#### **Gender parity**

A numerical concept concerning relative equality in terms of numbers and proportions of women and men, girls and boys. Gender parity addresses the ratio of female-to-male values (or males- to-females, in certain cases) of a given indicator.17

#### Gender planning

A planning approach that recognizes the different roles that women and men play in society and the fact that they often have different needs.18

#### **Gender relations**

A specific sub-set of social relations uniting women and men as social groups in a particular community. Gender relations intersect with all other influences on social relations – age. ethnicity, race, religion – to determine the position and identity of people in a social group. Since gender relations are a social construct, they can be changed.19

#### **Gender-responsive budgeting (GRB)**

Government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfillment of women's rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans and budgets. GRB also aims to analyse the gender-differentiated impact of revenue-raising policies and the allocation of domestic resources and Official Development Assistance.20

#### Gender roles

Social and behavioral norms that. within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to women, men, girls and boys.

Gender-specific roles are often conditioned by household structure, access to resources, specific impacts of the global economy, occurrence of conflict or disaster, and other locally relevant factors such as ecological conditions 21

#### Gender-neutral programming and policies

Programming and policies that do not centre gender concerns or distinguish between genders in their design, interventions and monitoring.

#### **Gender-responsive programming** and policies

Intentionally employing gender considerations to affect the design, implementation and results of programmes and policies. Genderresponsive programmes and policies reflect women's and girls' realities and needs, in components such as site selection, project staff, content, monitoring, etc. Genderresponsiveness means paying attention to the unique needs of females, valuing their perspectives, respecting their experiences, understanding developmental differences between women and men, girls and boys and ultimately empowering women and girls.22

#### Gender-sensitive programming and policies

Programmes and policies that are aware of and address gender differences

#### Gender socialization

The process of girls and boys, women and men learning social roles based on their sex, which leads to different behaviours and creates differing expectations and attitudes by gender. An example is that concept that women and girls do more household chores, such as cooking and cleaning, while men and boys do more work out of the home. Gender roles often lead to inequality.

#### Gender stereotyping

Ascribing certain attributes, characteristics and roles to people based on their gender. Gender stereotypes can be negative (i.e., women are bad drivers, men can't change diapers) and benign (i.e., women are better caregivers, men are stronger). Gender stereotyping becomes harmful when it limits a person's life choices, such as training and professional path, and life plans. Compounded gender stereotypes occur when lavered with stereotypes about other characteristics of the person, such as disability, ethnicity or social status 23

#### **Gender-transformative** programming and policies

Programming and policies that transform gender relations to achieve gender equity.

#### Gender effect

A term referring to the understanding that when a society invests in girls, the effects are deep for the girls, multiple

for society and a driver of sustainable development. According to an essay by the president of the Nike Foundation in UNICEE's State of the World's Children 2011, "When a girl in the developing world receives seven or more years of education, she marries four years later. An extra year of primary school boosts girls' eventual wages by 10 to 20 per cent. Studies in 2003 showed that when women and girls earn income, they reinvest 90 per cent of it into their families, as compared to the 30 to 40 per cent that men and boys contribute. Research has also shown that higher levels of schooling among mothers correlate with better infant and child health"



#### Human papillomavirus (HPV)

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI). HPV is so common that nearly all sexually active people get it at some point in their lives. HPV is spread by vaginal, anal or oral sex with someone who has the virus and can be transmitted even when an infected person has no signs or symptoms. Symptoms can also develop years after having sex with someone who is infected. In most cases, HPV goes away on its own and does not cause any health problems. However, there are many different types of HPV; some types can cause health problems including genital warts and 18 cervical and other cancers.<sup>24</sup> HPV types - 16 are responsible for about 70% of all cervical cancer cases worldwide 25

The U.S. Centers for Disease Control recommend that all girls and boys ages 11 or 12 years get vaccinated.26 By March 2017, 71 countries (37%) had introduced HPV vaccine in their national immunization programme for girls, and in 11 countries (6%) also for bovs.27



#### Intermediate barriers/causes

Intermediate barriers and causes of gender inequality, also commonly referred to as 'gender bottlenecks', determine options and opportunities available to persons according to their gender. These might include women's and girls' greater concerns for safety and mobility when using washrooms or collecting water, or heavier burdens and responsibilities in the household.

#### International Day of the Girl Child

On 19 December 2011, United Nations General Assembly adopted resolution 66/170 declaring 11 October the International Day of the Girl Child to recognize girls' rights and the unique challenges girls face around the world and to promote girls' empowerment and the fulfilment of their human riahts.28

#### Intersectionality

A feminist sociological theory first coined by American civil rights advocate Kimberlé Crenshaw in 1989. Intersectionality refers to overlapping social identities and the related systems of oppression, domination and/or discrimination. The idea is that multiple identities intersect to create a whole that is different from the component identities 29



#### LGBTO+

Umbrella term for all persons who have a non-normative gender or sexuality. LGBTQ stands for lesbian, gay, bisexual, transgender, and queer and/ or questioning. Sometimes a + at the end is added to be more inclusive.30 A UNICEF position paper, "Eliminating Discrimination Against Children and Parents Based on Sexual Orientation and/or Sexual Identity (November 2014)," states all children, irrespective of their actual or perceived sexual orientation or gender identity, have the right to a safe and healthy childhood that is free from discrimination.31



#### Masculinities/femininities

These are dynamic socio-cultural categories used in everyday language that refer to certain behaviours and practices recognized within a culture

as being "feminine" or "masculine," regardless of which biological sex expresses them. These concepts are learned and do not describe sexual orientation or biological essence. They change with culture, religion, class, over time and with individuals and other factors. The values placed on femininities and masculinities vary with culture also. Any person may engage in forms of femininity and masculinity. As an example, a man can engage in what are often stereotyped as "feminine" activities, such as caring for a sick parent or staying home to raise children 32

#### Menstrual hygiene management (MHM)

Programming that helps women and girls manage their monthly periods safely and with dignity, focusing on the fact that menstruation is a normal biological process and an important facet of reproductive health. Improving women's and girls' access to knowledge about menstruation and to appropriate and hygienic sanitary facilities and materials in schools and homes. Programmes may include addressing cultural taboos, increasing access to affordable and hygienic sanitary materials, facilitating disposal options, access to safe and private toilets and provision of clean water and soap for personal hygiene. Some practitioners are calling for MHM to be a separate SDG and considered a human right.33



#### Parity in education

Refers to equivalent percentages of females and males in an education system (relative to the population per age group). Parity is essential but not sufficient for achieving gender equality.34

#### **Patriarchy**

Social system in which men hold the greatest power, leadership roles, privilege, moral authority and access to resources and land, including in the family. Most modern societies are patriarchies.

#### **Positive parenting**

Educating parents on children's rights and development to improve parenting practices, with the goal of ending violence, abuse and exploitation of children. Helping parents improve their skills to manage their children's behaviour. Positive parenting is the foundation for curbing violence at home and in the community. It encourages the engagement of fathers and men and considers the various stages of a child's life cycle.35



#### Reproductive rights and sexual and reproductive health

Reproductive rights include the

rights of all individuals and couples to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so. Further, decisions. concerning reproduction should be made free from discrimination. coercion and violence These services are essential for all people, married and unmarried, including adolescents and youth.

For people to realize their reproductive rights, they need access to reproductive and sexual health care in the context of primary health care. This should include a range of family planning; obstetrical and gynecological care; prevention, care and treatment of STIs and HIV/AIDs: education and counselling on human sexuality and reproductive health; prevention and surveillance of violence against women and elimination of traditional harmful practices 36



#### Sex

Refers to the biological and physiological reality of being females or males.37

#### Sex disaggregated data

Data that is cross-classified by sex, presenting information separately for women and men, girls and boys. When data is not disaggregated by sex, it is more difficult to identify real and potential inequalities. Sexdisaggregated data is necessary for effective gender analysis.38

#### Sexual and reproductive health and rights (SRHR)

This can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimize health.39

#### Son preference

The practice of preferring male offspring over female offspring, most often in poor communities, that view girl children as liabilities and boy children as assets to the family. This can result in families instilling superiority in male children and inferiority in female children, manifesting in such actions as sending boys to school, especially to higher levels, and not girls or household practices where boys are fed better than girls. The extreme manifestation of son preference is female feticide and sex-selected abortions; in some countries, this has resulted in skewed population sex ratios, with attendant problems such as increased trafficking of females and greater prevalence of sex workers. (See: gender-biased sex selection.)

#### Stand-alone gender programming and policies

Programming and policies that explicitly address gender inequality to achieve gender equality.

#### Strategic gender needs

Requirements of women and men to improve their position or status. Addressing these needs allow people to have control over their lives beyond socially-defined restrictive roles. Strategic gender needs for women might include land rights, more decision-making power, equal pay and greater access to credit.

Practical gender needs, by comparison, are those needs required to overcome development shortcomings, that are gender-specific but do not challenge gender roles, such as access to healthcare, water availability and employment opportunities.

#### Structural barriers/causes

Gender inequalities in social structures, based on institutionalized conceptions of gender differences. Conceptions of masculinity and femininity, expectations of women and men, judgements of women's and men's actions, prescribed rules about behaviour of women and men - all of these, and more, create and maintain gender inequality in social structures. Social and cultural environments, as well as the institutions that structure them and the individuals that operate within and outside these institutions. are engaged in the production and

reproduction of gender norms, attitudes and stereotypes.40

#### Structural discrimination

A form of discrimination resulting from policies, despite apparently being neutral, that have disproportionately negative effects on certain societal groups.41

#### **Substantive equality**

This focuses on the outcomes and impacts of laws and policies. Substantive equality goes far beyond creating formal legal equality for women (where all are equal under the law) and means that governments are responsible for the impact of laws. This requires governments to tailor legislation to respond to the realities of women's lives. Striving for substantive equality also places a responsibility on governments to implement laws, through gender-responsive governance and functioning justice systems that meet women's needs. Substantive equality is a concept expressed in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). It recognizes that because of historic discrimination, women do not start on an equal footing to men.42

countries to find solutions to advance gender equality. It provides a centralized space for knowledge exchange on key emerging issues, with a strong focus on the Sustainable Development Goals (SDGs), and in particular on SDG 5 (Achieving gender equality and empowering all women and girls). Both English and French speakers worldwide can discuss current issues, relevant research and emerging trends on gender equality.<sup>43</sup>



#### Wikigender

A global online collaborative platform linking policymakers and experts from both developed and developing

## DEVELOPMENT THEORIES AND APPROACHES RFI ATED TO GENDER

#### Gender and development (GAD)

Gender and Development (GAD) came into being as a response to the perceived shortcomings of women in development (WID) programmes. GAD-centred approaches are essentially based on three premises: 1) Gender relations are fundamentally power relations; 2) Gender is a sociocultural construction rather than a biological given; and 3) Structural changes in gender roles and relations are possible. Central to GAD is the belief that transforming unequal power relations between women and men is a prerequisite for achieving sustainable improvements in women's lives. The onus is on women and men to address. and re-shape the problematic aspects of gender relations. The conceptual shift from "women" to "gender" created an opportunity to include a focus on men and boys.44

#### Gender Strategy for Women's, Children's and Adolescents' Health (2016-2030)

This global strategy identifies adolescents as being central to achieving the Sustainable Development Goals (SDGs).

#### **Human rights-based approach** (HRBA)

This entails consciously and systematically paying attention to human rights in all aspects of programme development. This approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. The objective of the HRBA is to empower people (rights-holders) to realize their rights and strengthen the State (duty-bearers) to comply with their human rights obligations and duties. States' obligations to human rights require them to respect, protect and fulfill women's and girls' rights, along with the rights of men and boys. When they fail to do so, the United Nations has a responsibility to work with partners to strengthen capacity to more effectively realize that duty.45

#### Smart economics

Advocated chiefly by the World Bank, smart economics is an approach to define gender equality as an integral part of economic development and aims to spur development through investing more efficiently in women and girls. It stresses that the gap

between women and men in human capital, economic opportunities and voice/agency is a chief obstacle in achieving more efficient development. The Bank proclaimed that investing in women "speeds economic development by raising productivity and promoting the more efficient use of resources; it produces significant social returns, improving child survival and reducing fertility, and it has considerable intergenerational payoffs"

income generation. The fact that WID approaches do not analyse and address power differentials in the relationship between women and men is seen as a major shortcoming of this approach. WID-oriented programmes are often contrasted to Gender and Development (GAD)-oriented programmes.47

Under smart economics, falls the 'business case' for gender equality and the empowerment of women, by businesses and enterprises which are interested in contributing to social good. A good example is the "Girl Effect initiative" of the Nike Foundation 46

#### Women in Development (WID)

A Women in Development (WID) approach is based on the concept that women are marginalized in development-oriented interventions. with the result that women are often excluded from the benefits of development. Hence, the overall objective is to ensure that resources and interventions for development are used to improve the condition and position of women. The WID approach, however, does not necessarily result in changing malefemale hierarchal gender relations. Rather, it intends to support womenspecific practical needs, such as women's skills development for

## UNITED NATIONS/UNICEF GENDER MONITORING TOOLS AND STRUCTURES

#### Game Plan (UNICEF)

UNICEF Game Plans address specific topics of concern, such as child marriage, GBViE and girls' secondary education. The Game Plan construct allows for convergent critical programming across countries and regions with a common understanding on programming to deliver results, which is central to UNICEF's comparative advantage. For instance, fourteen UNICEF country programmes<sup>48</sup> prioritize advancing girls' secondary education in conjunction with efforts to reduce child marriage and adolescent pregnancies.

#### **Gender-Based Violence Information** Management System (GBVIMS)

"The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination."49

#### Gender Development Index (GDI)

The Gender Development Index (GDI) measures gender gaps in human development achievements in three basic dimensions of human development: 1) health (measured by female and male life expectancy at birth); 2) education (measured by female and male expected years of schooling for children and female and male mean years of schooling for adults ages 25 and older); and 3) command over economic resources (measured by female and male estimated earned income).

The index uses the same methodology as in the Human Development Index (HDI). The goalposts are also the same, except for life expectancy at birth in which the minimum and maximum goalposts are varied (minimum of 22.5 years and a maximum of 87.5 years for females; and the corresponding values for males are 17.5 years and 82.5 years) taking into account the biological advantage averaging five years of life that females have over males.

Countries are ranked based on the absolute deviation from gender parity in HDI. This means that ranking takes equally into consideration gender gaps hurting females, as well as those hurting males.

The GDI reveals that gender gaps in human development are pervasive.<sup>50</sup>

#### **Gender Empowerment Measure** (GEM)

Developed by the United Nations system in 1995, Gender Empowerment Measure (GEM) measures inequalities between women's and men's opportunities in a country. An annually updated tool, it is used in formulating and applying gender equality indicators in programmes. It provides a trends-tracking mechanism for comparison between countries, as well as for one country over time. GEM uses a three-step calculation process:

Percentages for females and males are calculated in each of three areas: Area 1 - number of parliamentary seats; Area 2A – legislators, senior officials and managers; Area 2B – professional and technical positions; Area 3 – estimated earned income (at purchasing power parity US\$).

For each area, the pair of percentages is combined into an "Equally Distributed Equivalent Percentage (EDEP)," the mean of the two components, as a means to "reward gender equality and penalize inequality."

The GEM is the unweighted average of the three FDFPS.51

#### Gender thematic groups (GTG)

Each United Nations Country Team (UNCT) is charged with establishing a gender theme group. The Gender Thematic Group (GTG) is the main mechanism for increasing collaboration, partnership and coherence within a unified United Nations approach to supporting progress and capacity of national partners. The work of most thematic groups on gender is to: facilitate dialogue on gender issues and encourage gender mainstreaming among partners; undertake activities supporting women's human rights and empowerment in general and providing support for national policies and action plans; focus on training, production of gender briefing kits, and inputting into the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) processes, as well as work involving the Millennium Development Goals (MDGs) and Poverty Reduction Strategy Papers (PRSPs).52

#### **U-Report**

A social messaging tool created by UNICEF that allows anyone from anywhere in the world to respond to polls, voice social concerns and work as positive agents of change. U-Report's real-time information reaches tens of thousands of people, a large portion of whom are adolescent girls.

#### **United Nations Country Team** (UNCT) Gender Scorecard

The United Nations Country Team (UNCT) Performance Indicators for Gender Equality (Scorecard) establishes an accountability framework for assessing the effectiveness of gender mainstreaming by the UNCT. The Scorecard is focused on the performance of the UNCT, rather than the performance of any one United Nations organization. It intends to provide an assessment of what the United Nations as a whole contributes to gender mainstreaming and consequently to the promotion of gender equality. It is intended to complement existing accountability frameworks. The focus of the Scorecard is on strategies and processes – that is gender mainstreaming – rather than development results. Achievement of development results on gender equality and women's empowerment must be led by national partners, with support from the UNCT.53

#### **UNFPA-UNICEF Joint Global** Programme to Accelerate Action to **End Child Marriage**

The programme targets adolescent girls (ages 10-19) at risk of child marriage or already in union, in 12 selected countries: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia.<sup>54</sup>

#### **UNFPA-UNICEF Joint Programme on** Female Genital Mutilation/Cutting (FGM/C)

The largest global joint programme to accelerate the abandonment of FGM/C. Initiated in 2007, the programme focuses on 17 African countries and supports regional and global initiatives.

#### **UNICEF ROSA Regional Headline** Results

UNICEF regional offices have identified specific goals and targets to work towards specific 'headline results'. These results are internal measurements. for critical development areas in the region, UNICEF Regional Office for South Asia (ROSA) headline results are: 1) Save Newborns, 2) Stop Stunting, 3) Educate All Girls and Boys, 4) End Child Marriage, 5) Stop Open Defecation and 6) Fnd Polio

#### **United Nations Girls' Education** Initiative (UNGEI)

A multi-stakeholder partnership committed to improving the quality and availability of girls' education and contributing to the empowerment of girls and women through education. The UNGEI Secretariat is hosted by UNICEF in New York City.55

## LAWS, CONVENTIONS ANDRELATED TERMS IMPORTANT TO GENDER EQUALITY

#### **Beijing Declaration and Platform for** Action (1995)

Adopted at the Fourth World Conference on Women in September 1995, comprehensive commitments to women are called for under 12 critical areas of concern: poverty, education and training, health, violence against women, armed conflict, the economy, power and decision-making, institutional mechanisms, human rights, media, environment and the girl child 56

#### Convention on the Rights of Persons with Disabilities (CRPD) (2006)

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol (A/ RES/61/106) was adopted on 13 December 2006. There are currently 174 ratifications to the CRPD and 92 ratifications to its Optional Protocol. The CRPD is a landmark international treaty.

It is a comprehensive human rights convention and international development tool and is at the heart of the disability rights movement.<sup>57</sup> The CRPD includes explicit mention of gender by emphasizing "the need to incorporate a gender perspective in all efforts to promote the full enjoyment

of human rights and fundamental freedoms by persons with disabilities."58

#### Convention on the Rights of the Child (CRC/UNCRC) (1989)

This United Nations convention and its optional protocols outline rights to be enjoyed without discrimination, including on the grounds of gender. The legal framework includes all fundamental human rights treaties with provisions confirming the principle of non-discrimination and equality between women and men, and girls and boys. Among those treaties. Convention on the Flimination of all forms of Discrimination against Women (CEDAW) relates directly to the situation and well-being of girls.

Article 12 of the Convention on the Rights of the Child (CRC) protects children's right to express their views and have them respected in accordance with their evolving capacities. General comment No. 3 (2016) of the Committee on the Rights of Persons with Disabilities notes multiple and intersecting forms of discrimination against women and girls with disabilities and provides quidance on national obligations and implementation.

In 2016, the Committee on the Rights

of the Child adopted two general comments: No. 19 on public budgeting for the realization of children's rights, and No. 20 on the implementation of the rights of children during adolescence, which guides States on measures to ensure fulfilment of the rights of the child during adolescence 59

The CRC is the most rapidly and widely ratified international human rights treaty in history. The Convention changed the way children are viewed and treated – that is, as human beings with a distinct set of rights instead of as passive objects of care and charity.60

#### Commission on the Status of Women (CSW) (1946)

The main global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women.61 At its sixtieth session, in 2016, the Commission passed resolution 60/2, on women, the girl child and HIV and AIDS. At its sixty-first session, in 2017, the Commission urged governments to mainstream gender perspectives in education and training, including science, technology, engineering and math (STEM), develop gender-sensitive curricula, eradicate female illiteracy and facilitate girls' and women's effective transition to work. Girls with disabilities and their right to education were highlighted in conclusions adopted at both sessions 62

#### Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)

Adopted in 1979 by the United Nations General Assembly, "CEDAW is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. The Convention defines discrimination against women as "... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms. As of 1 January 2008, responsibility for servicing the Committee on the Flimination of Discrimination against Women has been transferred to the Office of the High Commissioner for Human Rights in Geneva.63

#### **Duty bearer**

Those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to State actors, but non-State actors can also be considered duty bearers. An obvious example is private armed forces or rebel groups, which under international law have a negative obligation to refrain from human rights violations. Depending on the context, individuals (i.e., parents), local organizations, private companies, aid donors and international institutions can also be duty-bearers.64

#### Education

The equal right to quality education for every girl is articulated and enshrined in numerous significant declarations, among them article 26 of the 1948 Universal Declaration of Human Rights, CEDAW and the CRC.65 The Education 2030: Incheon Declaration and Framework for Action reaffirmed education as the most powerful means of empowering girls socially, economically and politically. Office of the United Nations High Commissioner for Human Rights submitted a report to the 35th session of the United Nations Human Rights Council (A/HRC/35/11) specifically calling for the realization of every girl's right to equal enjoyment of education.66

#### Female genital mutilation/cutting

General Assembly resolution 67/146 (2012), 'Intensifying Global Efforts for the Flimination of Female Genital

Mutilations, urges States to condemn all harmful practices affecting women and girls, especially female genital mutilation/cutting (FGM/C), and take all necessary measures, including enforcing legislation, raising awareness and allocating sufficient resources, to protect women and girls from this form of violence.<sup>67</sup> The resolution underscored the fact that the practice of FGM/C is a violation of the human rights of women and girls.

#### Labour

Binding labour law instruments include the 1973 Minimum Age Convention (No. 138), the 1999 Worst Forms of Child Labour Convention (No. 182), the 2011 Domestic Workers Convention (No. 189) of the International Labour Organization and the Protocol of 2014 to the Forced Labour Convention. 1930.68

#### **Rights holders**

Individuals or social groups that have particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realized, respected or protected. More often than not, these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and youth, for example. A human rightsbased approach does not only

recognize that the entitlements of rights-holders needs to be respected, protected and fulfilled, it also considers rights-holders as active agents in the realization of human rights and development - both directly and through organizations representing their interests 69

#### Universal Declaration of Human Rights

The United Nations set a common standard on human rights with the adoption of the Universal Declaration of Human Rights in 1948. Although this Declaration is not part of binding international law, its acceptance by all countries around the world gives great moral weight to the fundamental principle that all human beings, rich and poor, strong and weak, female and male, of all races and religions, are to be treated equally and with respect.

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